



EXPENSE REIMBURSEMENT FORM

DATE: _____

NAME: _____

DATE OF EXPENSE: _____

AMOUNT OF REIMBURSEMENT: \$ _____

NAME OF BUSINESS WHERE PURCHASE WAS MADE:

EVENT / REASON FOR PURCHASE:

SIGNATURE: _____

ADDRESS TO MAIL REIMBURSEMENT:

Street City State Zip

*REIMBURSEMENTS CHECKS WILL GENERALLY TAKE ABOUT TWO BUSINESS WEEKS TO RECEIVE. PLEASE FILL OUT FORM AND EMAIL IT ALONG WITH RECEIPT(S) TO NWODISTRICTNYI@GMAIL.COM.