

BEW Expense Reimbursement Form/Check Request

In order to maintain proper accounting records, please submit this completed form along with the original receipt(s) in order to be reimbursed for your out of pocket expenses or to request a check. Please staple receipts(s) to upper left corner of the back side of this form. Checks will **not** be issued without this completed form.

Requested by (Names) _____ Date _____

Make Check payable to: _____

Address (Street, City, State, Zip) _____

Event, Program, OR Purpose _____ Phone Number _____

<u>ITEMS PURCHASED</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

_____ or _____
E-mail address Phone number

Signature

Put this form in Judy's folder in the BEW mailbox in the Temple Office. Let Judy know that the form is in the box via e-mail at judytdec@gmail.com or via phone at 650-345-1491.