



CHECK REIMBURSEMENT FORM

Date: _____

WERCouncil: _____

Payee's Name: _____

Contact Person: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

Telephone: _____

Email: _____

Amount: _____

Description: _____

Due by: _____

These expenses were incurred by the WERCouncil in fulfilling my official, duties. Personal expenses have been exluded.

Signature: _____

The following must be adhered to in order for this form to be processed properly:

- 1. All expenses must be submitted no later than 14-days after the event.
- 2. Valid receipts/invoices must be submitted with a copy of this report.

Approved by (internal use): _____

Account # (internal use): _____

Date (internal use): _____

Completed forms may be faxed to (630) 990-0256 or scanned and emailed to wercouncil@werc.org

Questions: Please call Chapter Coordinator at (630) 320-5807