

**ABATE OF WASHINGTON
Reimbursement Voucher**

Name: _____

Chapter: _____

Description of Expense: _____

Itemized Receipts: Are all receipts attached: YES NO
(Example: 08/15/11 Wal-Mart paper products \$32.98)

<u>DATE</u>	<u>STORE</u>	<u>ITEM</u>	<u>AMOUNT</u>
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**** IF RECEIPTS ARE NOT ATTACHED – NO REIMBURSEMENT WILL BE
GIVEN, NO EXCEPTIONS****

Approval: _____ Date: _____

Date of Reimbursement: _____

Check Number: _____