

Western Rosemalers Association

Check Request/Reimbursement Form

(All expenses within the budget do not need Board or President approval. An expense over the budget needs Board approval but the President can approve payment up to \$100 prior to the Board meeting if necessary to avoid late payment penalties)

Requested by _____

Phone Number _____ Date _____

Email Address _____

Expense Category (use a separate form for each category)

- | | | |
|--------------------------|--------------------------|-------------------------------|
| _____ Directory Printing | _____ Meetings | _____ Treasurer |
| _____ & Postage | _____ Member Memorials | _____ Vine Printing & Postage |
| _____ Library | _____ Museum Memberships | _____ Website |
| _____ Major Workshop | _____ & Donations | _____ WRA Exhibit Supplies |
| _____ Mini Workshop | _____ Sunshine | _____ Zoom Web License |

NO PAYMENT WILL BE MADE WITHOUT A RECEIPT - NO EXCEPTIONS!

Date	Purpose	Amount
TOTAL		

PAY TO: _____

ADDRESS: _____

Expense within budget (Y or N): _____ President Approval _____ Board Approval _____

Date Paid _____ Check # _____ Amount Paid _____