

***MICHIGAN WATER ENVIRONMENT ASSOCIATION  
REIMBURSEMENT REQUEST***

Committee: \_\_\_\_\_

Request made by: \_\_\_\_\_ Amount: \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Explanation of Expense: (Provide details of expense) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If meeting or lunch, list names of attendees:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH MEETING AGENDA**

Budget line item(s) expense applies to: \_\_\_\_\_

**REMEMBER- Staple original itemized receipts (not copies) to this form**

**Make Check Payable To:** \_\_\_\_\_

Mail Check To: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Approval:**

Committee Chair- Print Name: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MWEA Secretary/Treasurer

\_\_\_\_\_  
(MWEA Secretary/Treasurer Signature) Date: \_\_\_\_\_

Acct.# \_\_\_\_\_ Check# \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**For Office Use Only**

**SEND COMPLETED REQUEST FORM TO:**

**MWEA**

**P.O. Box 397**

**Bath, MI 48808**

**Phone: (517) 641-7377/ Fax: (517) 641-7388**