

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

Committee: _____

Request made by: _____ Amount: _____

Date of Expense: _____

Explanation of Expense: (Provide details of expense) _____

Attach meeting agenda and list names of attendees for meeting and/or lunch:

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

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 / Staff Approval - Date: _____

(Print Name) (Signature)

FOR OFFICE USE ONLY:

MWEA Treasurer Approval

(MWEA Treasurer Signature) Date: _____

SEND COMPLETED REQUEST FORM TO:

MWEA

P.O. Box 397

Bath, MI 48808

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