WESTERN BUSINESS EDUCATION ASSOCIATION
EXPENSE REIMBURSEMENT FORM

Name _____ **Position** _____ **Date** _____

Address (where check should be sent)

_____

Street, City, State, ZIP

_____ _____

Phone **E-mail**

Account	Description of Expense	Amount

Signatures/Approvals

_____ _____

Person Requesting Reimbursement Authorized Signature

Send completed form, with attached receipts attached, to:

Joseph B. McFarland
WBEA Treasurer
440 Woodhill Drive
Redding, CA 96003
joemcfar@c-zone.net

For office use only:

Amount Paid $ _____ Date Paid _____ Check # _____

Notes: