



# EXPENSE / REIMBURSEMENT REQUEST

Date: \_\_\_\_\_

Page: \_\_\_\_\_ of \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**List Expenses:**

Vendor / Amount	/ \$
Account	
Explanation	

Vendor / Amount	/ \$
Account	
Explanation	

Vendor / Amount	/ \$
Account	
Explanation	

Vendor / Amount	/ \$
Account	
Explanation	

*\* Please submit receipts for all expenses taped to 8.5" x 11" sized paper.*

**Send completed forms to:**  
 Andy Castillo, WACAC Treasurer  
 12323 Avalon Road  
 Whittier, CA 90601

**Questions:**  
 E: diego628@earthlink.net  
 T: (562) 833-4222