

WSCCA REIMBURSEMENT FORM

Please attach receipts or bills to this form. This will enable me to keep records of amounts spent in each budget category. Please mail it to me at the following address:

Cindy Pardee
9526 NE 31st Street
Bellevue WA 98004
Please call Cindy at 425-451-7738

Name: _____

Committee: _____

Address: _____

Phone Number: _____

Amount to be reimbursed: _____

Today's Date: _____

Explanation of what money was used for:

Signature of Person Submitting: _____

Staple Receipts Here