



Reimbursement Request 2019

Instructions:

1. Complete this form in its entirety. This form takes the place of all previous Reimbursement Request Forms **except** the *WBN Mileage Reimbursement Form*. Do not use this form for mileage.
2. Scan or take a picture of receipts. Electronic copies are acceptable. **Original hard copies are no longer required.**
3. Email form and receipt(s) to the Member Services Coordinator msc@wbnc.com within 14 days of when the expenses were incurred.
4. Reimbursement requests must be approved by the WBN President then sent to the WBN Bookkeeper to dispense.

Remittance Information

Today's Date:

Remit Reimbursement To (Name):

Mailing Address:

City, State, Zip:

Phone / Email:

Name of Person Submitting Request (if different to Remit To):

Phone / Email of Person Submitting Request:

Type of Reimbursement (check one*)

Chapter Expense (Recruiting)

Chapter:

WBN Corporate Event (formerly Special Events)

Event:

Board Expense (other than mileage which requires *WBN Mileage Reimbursement Form*)

*If you have more than 1 kind of reimbursement, use a separate form for each request

Itemized Expenses

| Date | Description of purchase (including vendor name) | Amount |
|-------------------------------|---|--------|
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total to be Reimbursed | | |

Women's Business Network

msc@wbnc.com

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