

Westport Monthly Meeting

Expense Reimbursement Request

Your Name: _____

Today's Date: _____

Please list vendor(s) & item(s) for each receipt	Receipt Amount	*Note the Committee or fund which this expense is to be paid from (if known!)
Total of Receipts		

Please put this completed form in the Treasurer's box, or give to **Greg Marsello**. Make sure your receipts are securely attached!

We will reimburse you as quickly as possible. Thank you for your help.

Amt: _____

Check # _____

Date Paid: _____

**Book Fair; Postage & Printing; Subscription & Advertisements;
Property Upkeep & Improvements; Peace & Social Concern;
Religious Education; Ministry & Counsel; Hospitality & Flowers;
Other ... please explain*