WCR Officer Travel Expense Report

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

WCR Position: _____

Authorized By (Signed): _____

Make Check Payable to: _____

Date	Gen Ledger Ref Number	Description of Expense	Airfare	Ground Transport (gas, rental car, taxi)	Lodging	Meals & Tips	Conference Reg. Fees	Misc	Mileage (Miles x .555)	**Total Expenses**
									Total:	

Signature: _____ Date: _____

Please note: Authorization MUST be obtained from President or President-Elect BEFORE travel. Check with Treasurer BEFORE making travel plans. You will not be reimbursed more than budgeted amount. Read "Reimbursement Guidelines" under "Forms" section of www.wcrdayton.org before submitting.

Submit to: WCR Treasurer
P.O. Box 111
Dayton, OH 45401-0111

Phone: (937) 612-1110
Email: wcrdayton@gmail.com

For Treasurers Use Only:	Check No: _____ Date Mailed: _____