

WCR Officer Travel Expense Report

Name _____ Email _____
 Company _____ Phone _____
 Address _____ WCR Position _____
 City, State, Zip _____ Authorized by (signed) _____

Make Check Payable to: _____
 Read Reimbursement Guidelines under "Forms" at www.wcrdayton.org before using form.

Date	General Ledger Account Number	Description of Expense	Airfare	Ground Transport (Gas, Rental Car, Taxi)	Lodging	Meals & Tips	Conf Reg. Fees	Misc	Mileage (Miles x .515)	Total Expenses
Grand Total:										

Signature _____ Date _____

Please attach ORIGINAL receipts to Reimbursement Request.

Remit to: **Delena Pittman,
 Wright Patt Credit Union
 3040 Presidential Drive, STE 100
 Fairborn, OH 45324
 Business Phone: 937-912-7282
 Email: dpittman@wpcu.com**

Authorization must be obtained from President or President-Elect BEFORE Travel. Check w/Treasurer FIRST before making plans! Not to Exceed Budget.

For Treasurer's Use Only

CHECK NO. _____ DATE MAILED: _____

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