

# WCR Reimbursement Request

Name _____	Email _____
Company _____	Phone _____
Address _____	WCR Position _____
City, State, Zip _____	Authorized by (signed) _____
Make Check Payable to: _____	

Date	Ref / Check #	Event	General Ledger Reference Number	Description	Amount
<b>Total:</b>					

Signature _____	Date _____
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**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 Purchase. Read Reimbursement Guidelines before submitting under "forms" at [www.wcrdayton.org](http://www.wcrdayton.org)

CHECK NO. _____	DATE MAILED: _____
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