

NAWGJ Expense/Reimbursement Check Request

Date: _____

Requested by: _____

Payable to: _____

Purpose: Choose an item:

- ☐ Internet & Phone 25% Max
- ☐ Operating Supplies
- ☐ Printing/Copies
- ☐ Postage/Mailing
- ☐ Promotions/Gifts/Donations
- ☐ Other

Dates incurred	Description	Amount
	Total Due	

Attach Receipts as available.