

# Kewaunee County Leaders Assoc. Expense Reimbursement Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason For Expense: \_\_\_\_\_

Date	What was purchased	Why was item purchased	From Where (Store)	Cost***

**Total Amount Due: \$** \_\_\_\_\_

\*\*\* Please attach the cash register receipts from your purchases if applicable.

For Treasurer's Use

Approved By: \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_ Check Number: \_\_\_\_\_