

WMS Request for Reimbursement

Instructions: In order to receive timely and correct reimbursement, please provide the following information. Submit this form together with the original receipt (no invoices) to the WMS VP of Financial Affairs. Checks can be mailed to your home address or picked-up at the monthly WMS meetings. Please allow 1-2 weeks for processing. If you have questions, please contact the WMS VP of Financial Affairs.

Contact Information:

Name: _____ Class: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date Submitted: _____

How do you prefer to receive your check? By Mail: _____ Pick-Up: _____

Division of WMS for which you're requesting funds: (mark one)

Executive Committee
 MS4
 MS3

MS2
 MS1
 Advocates

Community Service
 Recruitment
 Other: _____

Itemized Expenses:

Item Description:	Quantity:	Amount:	Expense Code:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
Total:		_____	_____

Expense Codes:

5210 Dues and Student Fees	5410 Communications (Telephone/Internet/Stamps)
5300 Office Supplies	5500 Printing and Publicity
5311 Food Supplies	5600 Medical Equipment
5320 Educational Supplies	5730 Fundraising
5330 Computer Supplies	5900 Miscellaneous (Please Explain)

For Official Use Only

Date Received: _____

Submitted to SAFO: _____

Reimbursement Complete: _____

Check to Student: _____