

**Wake County Medical Society Alliance (WCMSA)
Finance Policy**

Addendum B

REIMBURSEMENT REQUEST FORM

DATE OF REQUEST: _____ REQUESTED BY: _____

COMMITTEE: _____

EXPENDITURE FOR:

Java Jump Start: _____

Applause Luncheon: _____

Holiday Luncheon: _____

Past Presidents Luncheon: _____

Fundraising Event: _____

Yearbook: _____

Administrative: _____

Membership Development: _____

Website: _____

AMOUNTS (ATTACH RECEIPTS): _____

MAKE CHECK PAYABLE TO: _____

ADDRESS TO SEND CHECK: _____

COMMENTS/INSTRUCTIONS: _____

TREASURER USE ONLY

DATE PAID: _____

CHECK NUMBER: _____

BUDGET ITEMS: _____