

DWARF IRIS SOCIETY EXPENSE/REIMBURSEMENT FORM

This form must be completed and given to the Treasurer of DIS prior to any expense/reimbursement check issue. Please tape or staple receipts to the form and complete all information shown. (This can be done by e-mail if the receipts are scanned and attached with this form.)

Mail to:

Char Holte, Treasurer DIS
17308 W Observatory Rd
New Berlin WI 53146
262-641-2895
cholte@wi.rr.com

DATE SUBMITTED _____

AMOUNT TO BE REIMBURSED \$ _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Signature _____

APPROVAL BY DIS PRESIDENT _____

EXPLANATION (Include date and reason for expense).

RECEIPTS: (are they attached)

FOR DIS RECORDS ONLY: _____

CHECK NUMBER: _____

AMOUNT: \$ _____

CATEGORY _____