

WISCONSIN FEDERATION OF CHAPTERS EXPENSE REPORT

Name <input type="text"/>			Date and periods covered From: <input type="text"/>		
Address <input type="text"/>			To: <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>			

Instructions: Submit one copy to the Federation President for approval, attaching bills, etc. President will initiate processing action, forwarding to the Federation Treasurer for payment. The Treasurer will complete data on statements, and issue a check.

[illegible]

I certify that the above expenses are justified Federation expenses.

Signature of Claimant _____ Date _____

Issued by Federation President _____ Date _____

Issued by Federation Treasurer _____ Date _____

Warrant No. _____

Check No. _____