



WSF- Request for Reimbursement

Travel Expenses (attach receipts)								
Event			Transportation Expenses		Personal Expenses		Expense Account	
Dates		Purpose of Trip	Public Transport	Private Auto Miles @\$0.725*		Meals & Lodging Incl. Tips		Other (Specify)
From	To							
Column Totals->								
*GSA reimbursable mileage rate for given year.						Total Travel Expenses-->		

Other Expenses (attach receipts)			
Date	Itemization	Amount	Expense Account
Total Other Expenses->			

Total Submitted Expenses
Total Submitted Expenses-->

Submitted by:	Approved by:
Printed Name _____	Printed Name _____
Title _____	Title _____
Signature _____	Signature _____
Date _____	Date _____

Name & Address for Payment	Please Submit Report To:
_____ _____ _____ _____	Arlene Patton WSF Treasurer 1202 S Lloyd St. Spokane Valley, WA 99212 Phone: 509-747-1589

WSF F-1 Jan 2026	Voucher # _____	AC# _____	Amount \$ _____
	Reimbursed by check no.: _____	AC# _____	Amount \$ _____
	Amount: _____	AC# _____	Amount \$ _____
	Dated: _____	AC# _____	Amount \$ _____