

A.B.A.T.E. OF WASHINGTON

State Expense Reimbursement Request

Name _____ Member # _____ MONTH _____
 Address _____ From: _____
 _____ Position _____ To: _____

Date	Account	Description	Lodging	Fuel	Meals	Phone	Other	TOTAL

Approved By	Notes	I certify the information submitted is an accurate accounting of my requested reimburseable expenses.	
	<p><i>Please have all meal receipts itemized. Failure to do so will result in non-payment of that receipt. Alcohol & Tips are not reimburseable.</i></p>	<p>Signature _____</p> <p>Printed Name: _____</p>	