

LA NAWGJ Expense Voucher Reimbursement Request

Date: _____ Requested by: _____
(Signature)

Send Reimbursement To: _____

Attach Receipts

Please send reimbursement for:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested: \$ _____

Maximum available is your current balance on account.

For Office Use:

Date Received: _____

Current Amount on Account: _____

Amount Reimbursed: _____

Remaining Balance on Account: _____

Check # _____

Approved by: _____

Date Paid: _____



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