



**BEAVERTON HILLSBORO REPUBLICAN WOMEN**

Member Oregon and National Federation of Republican Women

**REQUEST FOR REIMBURSEMENT FORM**

(Authorized BHRW Expenses)

Date Submitted: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

List expenses below for which you are requesting reimbursement. Attach original receipts to this form.

Mail to: Laurel Regan 3801 NW Loriann Dr Portland OR 97229

<b>Date</b>	<b>Items of Expense</b>	<b>Amount</b>
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Total Reimbursement Requested \$ \_\_\_\_\_

Signature \_\_\_\_\_

For BHRW Treasurer's Use:

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

GL No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_