

Washington Speech-Language-Hearing Association

Expense Reimbursement Request Form

1. Complete this form and either mail a hard copy or email an electronic copy to the WSHA office:

W.S.H.A.
2150 N. 107th Street
Suite 205
Seattle, WA 98133
office@wslha.org

2. Attach copies of any receipts you may have (keep the originals).

3. Once received, your request will be processed by the Treasurer. Only allowable expenses will be reimbursed.

4. Once processed by the Treasurer, a check will be mailed to you at the address you indicate below.

Please note: *The rate for reimbursement for vehicle mileage is currently 55.5 cents per mile.*

DATE OF REQUEST:

Please fill in the following information:

NAME

STREET ADDRESS *(include apartment number, if appropriate)*

CITY

STATE

ZIP

EMAIL ADDRESS

BUDGET LINE <small>(Treasurer only)</small>	DETAILED DESCRIPTION OF EXPENSE	AMOUNT
	Ex.: 150 copies of brochure for Convention luncheon	\$ 15.80
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$