

## WTEA Check Request Form

Itemize expenses in the space provided. Submit to the Executive Director for reimbursement. Include receipts when possible. **Press Save As and save file with your initials in the file name.** Email file to joe.ciontea@wtea-wis.org

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Check requested by: \_\_\_\_\_

Comments

**WTEA By-law Article IV  
Budget & Expenses**

- Mileage will be paid at the rate of \$0.40 per mile for official WTEA business.
- Meals will be reimbursed not to exceed \$30 per day.

**For Official Use Only**

Check # \_\_\_\_\_

Issued: \_\_\_\_\_

	<b>Expense Description</b>	<b>Amount</b>
Travel	Miles	
Meals	Meal total from below	
Postage		
Printing		
Other		
Other		
Other		
<b>Total</b>		

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Breakfast							
Lunch							
Dinner							
<b>Daily Total</b>							

**Mail to: WTEA PO Box 1312 Fond du Lac, WI 54936**  
**Printed from can be sent by fax to: 920-922-0779**