Request for re-imbursement from the WHA

Name of person requesting re-imbursement (Print)	
Signature **Date of request (d/m/y)**	
Nature of purchase/expense	
If associated with specific event/project – nature of event and date (d/m/y)	
Amount claimed	
Indicate if cash or credit card receipt If unrelated items are included in receipt, circle those for which re-imbursement is claimed	
Staple receipt to top of form, leaving left border free for hole-punch	

Cheque #_____ issued, date_____