



REIMBURSEMENT FORM
(Please PRINT or TYPE)

Please list expenses below, giving as much detail as possible (i.e., date of expenses, description of expenses, etc.). Receipts must accompany this reimbursement form.

****Use the TAB KEY to Navigate through fields.**

Committee/Office/Program: _____

Purpose of Expense
(Please describe in detail): _____

DATE	EXPENSE DESCRIPTION	COST
TOTAL:		

Requested by: _____ **(Signature of individual submitting form)**

Check payable to: _____

Mailing address: _____

City: _____

State: _____

Zip: _____

Telephone #: _____

MAWEA President/Vice President Signature: _____

Date of Approval: _____

MAWEA Treasurer Signature: _____

Date of Approval: _____

Please submit form and receipts to:

MAWEA % NEWEA

10 Tower Office Park, Suite 601, Woburn, MA 01801

Tel: (781) 939-0908/Fax: (781) 939-0907,

Email: mbarry@newea.org (receipts must be scanned and attached to form, if emailed)

Office Use Only

Paid by Check #

Date: