



Expense Reimbursement Request

(for WI State Council and/or Conference related expenses)



Expense related to: State Council State Conference

Today's Date: _____

Requestor's Name: _____

Position: _____

Please Note: Backup information must be submitted along with this "Expense Reimbursement Request." For example: (1) Receipts are required for all expenditures; (2) a "Contract Review Summary Sheet", the finalized and signed contract, and a W-9 must be attached for all contracts. Payment will not be processed until all required and completed documentation is received.

Vendor/Payee Information

Payable To: _____

Address: _____

Pay By: Check Credit Card*

*If already paid, date: _____

Expense Detail

Date	Description of Expense Incurred	Budget Code <small>(4 digit account number)</small>	Amount

I certify that the expenses recorded on this "Expense Reimbursement Request" were incurred on behalf of the Wisconsin State Council or its State Conference.

Requestor's Signature: _____ Date: _____ **Total Amount Due:**

State Director or Conference Co-Chair Approval Signature: _____ Date: _____

State Director/Conference Co-Chair: Please submit all payment and required backup documentation to WI SHRM via; **Form Updated: 09/14/2011**
 Fax (608-204-9818), E-mail (wishrm@morgandata.com), or Mail to WI SHRM, 2830 Agriculture Drive, Madison, WI 53718