

**West Hawaii District 7
EXPENSE REIMBURSEMENT**

Your information	Treasurer Use
PAYEE:	CHECK NUMBER:
TITLE:	CHECK DATE:

DESCRIPTION OF EXPENSE:	AMOUNT
TOTAL	

**Please complete this form of your expenses.
Attach all receipts.
Make sure your total expenses do not go over your budget.**

**Return to Treasurer: Michelle Johnston
westhawaiidistrictafg@gmail.com
808-265-7384**