

# WDS REIMBURSEMENT FORM

WDS Member Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Vendor	Item	WDS Event	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ \_\_\_\_\_

\*MILEAGE - Use the formula provided below:  
IRS Business Standard Rate of \_\_\_\_ cents per mile X \_\_\_\_\_ miles  
driven =  
Mileage total \$ \_\_\_\_\_

GRAND TOTAL \$\$\$ \_\_\_\_\_

Signature \_\_\_\_\_  
Date Submitted \_\_\_\_\_

**STAPLE RECEIPTS TO THIS FORM AND GIVE ALL TO THE  
WDS TREASURER.**

*For Treasurer's use only:*  
Reimbursement check issue date \_\_\_\_\_  
Reimbursement check number \_\_\_\_\_  
Reimbursement for WDS EVENT \_\_\_\_\_