



Nevada Water Environment Association Request for Reimbursement Form



Name: _____

Phone & Email: _____

Date of Request: _____

Date of Expenditure: _____

Total Amount Requested: _____

Program or Purpose: _____

Explanation and Description of Expenditure:

Make Check Payable To: _____

Mail Check To: _____

Address: _____

City, State, Zip: _____

This section should only be filled out by NWEA Treasurer.	
Approvals:	
NWEA President or alternate: see email dated	_____ / _____ / _____
Certification Board Chair or alternate: see email dated	_____ / _____ / _____
Certification Board Vice Chair: see email dated	_____ / _____ / _____
Check Number:	
Check Date:	
Check Amount:	

Complete all information requested on the form. Scan (PDF or jpeg) **original** receipt(s) and email along with the completed form. No reimbursement will be made without a completed "Request for Reimbursement Form" and appropriate receipt(s). Reimbursement check will be mailed within two weeks.

E-mail electronic documents to: treasurer@nvwea.org