

# Member Engagement Fund

## REIMBURSEMENT FORM

Return this form and receipts to Sheila Hagerman (LWEA Office) via district mail

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Rep Name: \_\_\_\_\_

# in Attendance: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Attach all receipts to this form

Briefly describe the activity—what were the funds use for?

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Signature of building rep: \_\_\_\_\_

Recorded:

Paid: