



## Expense Summary for Reimbursement

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Your Name:	For Treasurer's Use Only	
Your Address:	Date Submitted:	
	Date Paid:	
	Check Number:	
	Receipt Attached:	

Date of Expense	Description	Amount
	Total Expenses:	

**For reimbursement, complete this sheet and give it to the IPWG Treasurer alongwith your receipt(s).**

Approved by: \_\_\_\_\_

Approval by the Guild's President or Vice President is required when the expense is over \$300, or if a receipt(s) is not provided.