GREATER HANSVILLE
Community Center
PO Box 133, Hansville, WA 98340

Expense Reimbursement Report

Event or Committee_____

- Forward completed, signed form and original receipts to GHCC, PO Box 133, Hansville, WA 98340
- Expect to receive reimbursement within 14 days

Expenses: Include a brief description of each receipt below and affix all receipts to this report.

_____	$
_____	$
_____	$
_____	$
_____	$
_____	$

total $ _____

I certify that these expenses are actual and reasonable expenses incurred by me on behalf of Greater Hansville Community Center.

Signed_____ Date_____

Name _____ Phone _____

Address _____

_____

_____

Event/Committee Chairperson or Board Member Approval

Name_____Signature_____