

WELS HANDBELL FESTIVAL EXPENSE REIMBURSEMENT REQUEST							
Date:		Region:	NE	SE	W		
		(circle one)					
NAME:							
ADDRESS:							
CHURCH/SCHOOL:							
MILEAGE:	Reason:			(enter mileage here:)		0.00	
MILEAGE:	Reason:			(enter mileage here:)		0.00	
MILEAGE:	Reason:			(enter mileage here:)		0.00	
(Current -2018 IRS mileage reimbursement rate is \$0.545/mile)					TOTAL:	\$0.00	
(www.irs.gov)							
POSTAGE: (List mailings)							
						cost:	
						cost:	
						TOTAL:	\$0.00
PRINTING: (Please itemize)							
						cost:	
						cost:	
						cost:	
						cost:	
						TOTAL:	\$0.00
SUPPLIES: (Please itemize)							
						cost:	
						cost:	
						cost:	
						cost:	
						TOTAL:	\$0.00
FOOD: (Please itemize)							
						cost:	
						cost:	
						cost:	
						cost:	
						cost:	
						TOTAL:	\$0.00
OTHER: (Please itemize)							
						cost:	
						cost:	
						TOTAL:	
					GRAND TOTAL:	\$0.00	
<i>Please attach receipts/statements (or copies) when submitting your request.</i>							
(use the reverse side if you need more space)							
Send requests to:							
	Kristi Meyer, Treasurer			Tel:			
	N76 W14692 Northpoint Dr.			E-mail: kristi.meyer@wlc.edu			
	Menomonee Falls, WI 53051						
Thank you!							