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| **Reimbursement Request** |
| **Reimbursement Requested for:** | **Name** |  |
|  | **Address:** |  |
|  |  |  |
|  |  |  |
|  | **Phone:** |  |  |
|  | **Purpose:** |  |
|  |
| **Submitted By:** | **Name** |  |
|  | **Committee / Position:**  |  |  |

|  |  |  |
| --- | --- | --- |
| **DATE** | **DESCRIPTION** | **TOTAL** |
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|  |  |  |
|  | **Total amount of Expenses** |  |
|  | **Cash advance you received, if any** |  |
|  | **Balance to be Reimbursed** |  |

|  |  |  |
| --- | --- | --- |
| **Requesting Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Submitted:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Send to Garvin Tsuji at** **fwatatreasurer@gmail.com** **or**

**Mail it to:** 758 Kapahulu Ave. Suite 100 Box #962, Honolulu, Hi 96816

|  |  |  |
| --- | --- | --- |
| **Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Check #: \_\_\_\_\_\_\_\_** | **Check Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |