



EXPENSE / REIMBURSEMENT REQUEST

Date: _____

Page ____ of ____

Name: _____ Committee: _____

Signature: _____ Address: _____

Total Amount Requested: \$ _____ City/State/Zip: _____

List Expenses:

Vendor/Amount	/ \$
Account	
Explanation	

Vendor/Amount	/ \$
Account	
Explanation	

Vendor/Amount	/ \$
Account	
Explanation	

Vendor/Amount	/ \$
Account	
Explanation	

** Please submit receipts for all expenses taped to 8.5" x 11" sized paper.*

Send completed forms to:
Sonja Montiel, WACAC Treasurer
3717 E. Thousand Oaks Blvd.
Westlake Village, CA 91362

Questions:
sonja@collegeconfidence.com
(800) 526-4045