

NALS of Greater Seattle
Income Statement/Expense Reimbursement Form

Received From: Your Name: _____
 Address: _____
 Phone: _____
 Date Submitted: _____
 Budget Line Item: _____

- Debit Card Transaction
- Check Request Payable To: _____
 Address: _____

Copies of all receipts detailing expense must be attached.
If a credit card receipt is submitted, it must itemize/document the expense.

Description of Source of Funds/Expenses	Amount
	\$
Total	\$

Recap	Amount
Income From Sale	
Income From Sales Tax Collected	

**THIS FORM MUST ACCOMPANY ALL FUNDS TURNED INTO THE TREASURER
 AND ALL CHECK REQUESTS**

Submit Form to: Esmeralda Valenzuela, NALS Treasurer
c/o Schwerin Campbell Barnard Iglitzin & Lavitt LLP
18 W. Mercer St, Suite 400
Seattle, WA 98119

-----DO NOT WRITE BELOW THIS LINE-----

Date Paid	Check No.	Debit Card	Budget Line Item	Approved Amount