**NALS of Greater Seattle**

**Income Statement/Expense Reimbursement Form**

received from: Your Name:

Address:

Phone: Facsimile:

Date Submitted:

B**udget** 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: Christie S. Reynolds, PP, PLS**

**c/o Curran Law Firm  
555 West Smith Street**

**P.O. Box 140  
Kent, WA 98035**

**DO NOT WRITE BELOW THIS LINE**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Paid | Check No. | Budget Line Item | Approved Amount |
|  |  |  |  |