



## Reimbursement Request

<b>REIMBURSEMENT REQUESTED FOR:</b>	<b>Name</b>		
	<b>Address:</b>		
	<b>Phone:</b>		
	<b>Purpose:</b>		
<b>SUBMITTED BY:</b>			
	<b>Name</b>		
	<b>Committee / Position:</b>		

DATE	DESCRIPTION	TOTAL
<b>Total amount of Expenses</b>		
<b>Cash advance you received, if any</b>		
<b>Balance to be Reimbursed</b>		

Requesting Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Send to Garvin Tsuji at [fwatatreasurer@gmail.com](mailto: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: _____		