WIKI SOCIETY OF WASHINGTON, DC, INC.

Expense Claim

Name: _____ Date: _____

Address: _____

Phone number: (_____) _____ Summary: _____

Item	Account Code	Amount
	T O T A L	$0.00

Received by _____ on _____

Treasury Approval: _____ ____ / ____ / _____

Payment disbursed on: ____ / ____ / _____ Check number: _____

ALL EXPENSE CLAIMS MUST BE SUPPORTED BY ADEQUATE DOCUMENTATION.
ONLY AUTHORIZED EXPENDITURES WILL BE REIMBURSED.