

OREGON TRAILS WALK TO EMMAUS EPENSE REPORT

Please check which event this reimbursement is requested for:

- Men's Walk #
- Boy's Chrysalis #
- Administrative #
- Women's Walk #
- Girl's Chrysalis #

EXPENSE FOR WHAT TEAM:

| Item | Amount |
|------|--------|
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Please be specific in describing your expense- please include bills and receipts

Name: _____ Date: _____ Title: _____

Signature: _____

Make Payment To: _____

Mail To: _____

REQUESTS MUST BE SUBMITTED WITHIN 30 DAYS OF EVENT.

Submit Requests to: O.T.W.T.E. Treasurer
P.O. Box 30556
Portland, OR 97294