

**Oregon Trails Walk to Emmaus
REQUEST FOR REIMBURSEMENT**

Please check which event this reimbursement is requested for:

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

EXPENSE FOR WHAT TEAM: _____

EXPENSE:	AMOUNT
_____	_____
_____	_____
_____	_____
TOTAL	_____

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: **Cheryl Anderson, OTWTE Treasurer,
PO Box 30556
Portland, OR 97294
360.904.4657
cara_423@yahoo.com**