



www.walkwithweb.org

## EXPENSE REIMBURSEMENT FORM

### Instructions:

1. This document outlines:
  - a. List of expenses relevant to Walk With Web to be reimbursed
  - b. Descriptions of the expenses
  - c. Details of the requestor
  - d. Mode of payment
2. Please attach digital or picture of receipts for the expense(s). For first time account deposits, please also submit a void cheque along with the expense reimbursement form.
3. By signing this form you also accept to comply with the WWW's [Expense Reimbursement Policy](#) outlined for authorization, payments and expense claims

Requester Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Department: \_\_\_\_\_ Position at Walk With Web: Yes No  
 Position Title: \_\_\_\_\_

### Itemized Expenses:

Item	Receipt Date	Vendor	Description	Tax	Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
For more than 8 expenses, please submit another form				<b>Subtotal</b>	
				<b>Total</b>	

Mode of Payment: \_\_\_\_\_

Notes:

If Interac, enter email below:

\_\_\_\_\_

Requester Name

Approver Name

HR Name

Requester Signature & Date

Approver Signature & Date

HR Signature & Date