

# ILLINOIS NAWGJ Expense / Voucher Check Request

Mail to:

Sue Woloszyk

415 Horizon Drive West

Saint Charles, IL 60175

Date: \_\_\_\_\_ Requested By (Signature) \_\_\_\_\_ EMAIL \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office USE ONLY	
Date:	Check #
Total \$	Approved

	Description of Expense	Amount
	JC2016 HOTEL BENEFIT (UP TO \$200 IF ELIGIBLE)	\$
	IF YOU SHARED A HOTEL ROOM/BILL, WHO WAS YOUR ROOMMATE:	
	ATTACH A COPY OF THE HOTEL RECEIPT TO THIS FORM. YOUR NAME MUST BE ON THE HOTEL RECEIPT FOR REIMBURSEMENT	
	JC 2016 STATE CONGRESS REGISTRATION BENEFIT (IF ELIGIBLE)	\$
	ATTACH A COPY OF THE ONLINE REGISTRATION RECEIPT TO THIS FORM. YOUR NAME MUST BE ON THE RECEIPT FOR REIMBURSEMENT	
	MAIL TO ABOVE ADDRESS OR SCAN AND EMAIL TO SUE BY 10/31/17	
	Total Due:	\$

Receipts must be attached to this form for all Expenses.

Receipts must be an ACTUAL receipt - not bank statements

Contact Sue Woloszyk, IL-NAWGJ Treasurer if you have any questions regarding this form.