

WSQG EXPENSE FORM

Please attach original receipts. Before mailing, make a copy of receipt and form for your records.

Name: _____ Paid _____

Address: _____ Date _____

Date : _____ Total Amount: _____ CK.# _____

Description of Expense: _____

Mileage : _____ miles x \$ _____ = \$ _____

Signature: _____

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