

Check Request

Date Requested:

Check Payable To:

Address:

City, State, Zip:

Vendor Phone:

Requested By:

Mail Check To:

Billable To:

Wisconsin Trappers' Association, Inc.

PO Box 305
Oregon, WI 53575-0305
Tel (888) 601-8727
Fax (888) 602-8727
accounting@wistrap.org

LN	Description	Event Name	GL Account	Amount
1				
2				
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4				
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13				
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15				

Total:

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IMPORTANT: Please review page 2 for instructions. Incomplete forms or missing documents will be returned. If you have questions or need assistance please contact the bookkeeper at (888) 601-8727 or accounting@wistrap.org.

INSTRUCTIONS:

This form should be completed using Adobe Reader which is available for free download at www.adobe.com

Use the buttons at the top of the form to print a copy for your records and submit to the bookkeeper for payment. All required receipts must be attached if mailed or scanned and attached if e-mailed.

Complete billable field if this request should be billed for reimbursement.

Each line requiring a receipt must be on a separate line and the line number written on the receipt for easy reference.

Receipts are required for items or services such as postage, hotels, tolls, office supplies, trade show fees, etc. Receipts are not required for mileage but the line must include the date traveled, total miles and reason for travel.