

Winnetka Weeders Reimbursement Form

Name _____

Address _____ **City** _____ **Zip** _____

Describe expense _____

What committee did you purchase items for?

Amount to be reimbursed? _____

Make the check to: _____

Please attach receipt.

A self-addressed envelope will speed process.

Thank you!

Check # _____ **Date** _____