DBWC Request for Refund

Date of Expense	**Item(s) or Service Purchased**	**Reason for Purchase**	**Receipt Attached?**	**Cost** (tax included)
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
			[ ] Yes [ ] No	
Total amount for purchases:				

Employee / Member Name (please print) _____ Site # _____

Employee / Member Signature _____

Manager / Board Liaison Signature (for Committee expenditures) _____

Date Approved _____

Committee Chair Signature (for Committee Expenditures) _____

Committee: _____

Date Approved _____

Date Paid _____

Check # _____

Amount of Check _____

By: _____