

DiscNW Expense Reimbursement Form

If you have incurred an expense that DiscNW is responsible for paying, please fill in the following information, attach receipt(s), and return to:

Northwest Ultimate Association
PO Box 85112
Seattle WA 98145-1112

No refunds will be made without receipt. Please allow up to 3 weeks for processing of refund.

Name: _____

Address: _____

Phone number: _____

Email: _____

	Date of purchase	Item	Purchased for	Amount	Tax	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					Total of items:	

Signature _____ **Date** ____ / ____ / ____

For DiscNW use only

Check #	Date paid
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