

**APWA Wisconsin Chapter
Expense Documentation/Check Request**

Name _____

Address _____

Phone # _____

Date _____

Event _____

Category	Description	Amount
552	Board Travel	
600	Facility Costs	
605	A/V Rental	
615	Food & Beverage	
620	Transportation	
675	Speakers/Trainers	
680	Entertainment	
838	Printing/Production	
861	Awards/Door Prizes	
	Other	

Total Request

Please provide all receipts along with this form to the Treasurer's attention (Lee Igl at Lee.Igl@Mcfarland.wi.us) at the end of each week so that all transactions can be properly recorded.