

**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 [ligl@CityofSunprairie.com](mailto:ligl@CityofSunprairie.com)) at the end of each week so that all transactions can be properly recorded.**