WHRRI Reimbursement Form

Name: Date:

Address: Phone:

Item	Category	Amount
	Total Reimbursement:	$0.00

Board Member who approved items: ____________________

For Reimbursement: This form must be complete and receipts stapled to back of form.

REIMBURSEMENT MUST BE MORE THEN $20.00 AND NO OLDER THEN 90 DAYS OLD

Mail form and receipts to: Waterford Hills Road Racing, Attn: Michele DeRonne, P.O. Box 3451, Southfield, MI 48037

Office use only:

Date Received:	Check Number, Amount, and Issue Date: