



## Expense Reimbursement/Check Request Form

To: Leif Wildman,  
Treasurer, IL District  
109 N White ST  
Sidney, IL 61877

Date \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Expense Items:

- |          |              |
|----------|--------------|
| 1. _____ | Amount _____ |
| 2. _____ | Amount _____ |
| 3. _____ | Amount _____ |
| 4. _____ | Amount _____ |
| 5. _____ | Amount _____ |
| 6. _____ | Amount _____ |

Total Amount \_\_\_\_\_

Mail or hand deliver: Include originals or copies of all receipts

Email: Scan and attach all receipts and this form to all emails

Mail, Email (as an attachment), Fax or hand deliver to me.

Address: see above

Email: [treasurer@illinoisdistrict.org](mailto:treasurer@illinoisdistrict.org)

Cell Phone: 217-317-0183