



ORANGE COUNTY WINE SOCIETY, INC.

P.O. Box 11059
Costa Mesa, CA 92627
714.282.1981
FAX 714.546.5002



REQUEST FOR EXPENSE REIMBURSEMENT

INSTRUCTIONS: Use a separate form for each event or activity for which you claim reimbursement. If multiple events are included on your receipt, make additional copies of the receipt as necessary. Please be specific when describing your expense item. Sign as requestor and submit to the OCWS for approval and payment. Attach all copies of invoices and sales receipts to the back of the form. For cash advances, use OCWS Form ACTG 2.

Due to sales tax regulations, no reimbursement may be made without sales receipts or invoices.

PAY TO _____
ADDRESS _____
CITY & ZIP _____
ACTIVITY OR EVENT: _____

DESCRIPTION OF EXPENSE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Was sales tax included? YES NO How much? \$ _____

GRAND TOTAL \$ _____

Requested By: _____ Date _____
Approved By: _____ Date _____
Approved By: _____ Date _____