

Washington Schoolgirls Lacrosse Association  
**Expense reimbursement**

Name of person to be reimbursed: \_\_\_\_\_

Address to mail check to: \_\_\_\_\_

\_\_\_\_\_

Date	Expense type	Total
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

**\*\*Please attach original receipts to this form and mail to WSLA Bookkeeper:**

Van Kantner  
11047 - 38th Ave NE  
Seattle WA 98125