Washington Schoolgirls Lacrosse Association

Expense reimbursement

Name of person to be reimbursed: _____

Address to mail check to: _____

_____

Date	Expense type	Total

TOTAL _____

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

Catherine Millan
4616 25th Ave NE
Box #493
Seattle WA 98105