



Complex Weavers Expense Reimbursement Form

Name to appear on reimbursement check: _____

Address to send check to: _____

Please Print or Type _____

| Date Paid | Printing | Postage | Supplies | Phone | Misc. | Purpose (use back if needed) |
|------------------|----------|---------|----------|-------|-------|------------------------------|
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| | | | | | | |
| Subtotals | | | | | | |

Total Expenses\$ _____

Total Advances Paid To Me\$ _____

Total Reimbursement Due\$ _____

Signature: _____

Mail to Complex Weavers
 C/O Kathy Warner
 18851 103rd CT SE
 Renton WA 98055

You may also send the above information in an email to kbwarner2@comcast.net. Please enclose appropriate receipts to document your expenses. If you have questions please e-mail me at kbwarner2@comcast.net.

Date Paid _____ Check Amount \$ _____ Check # _____