SoWoSO Caucus Reimbursement

Submit completed form to the SoWoSO Treasurer with the appropriate receipt stapled to the front of the form.

Name: ________________________________________________

Caucus: ________________________________________________

Amount Requested: ________________________________

Briefly explain below the purpose for this reimbursement:

________________________________________________________________________________________

Reimbursement Approval:

________________________________  ____________________________
SoWoSO Treasurer     Date Approved

________________________________  ____________________________
SoWoSO Secretary     Date Approved

Please note that SoWoSO reserves the right to deny any reimbursement that does not accurately reflect the purpose of the caucus. BOTH the SoWoSO Treasurer and the SoWoSO Secretary must approve each request.

If you have questions about whether a reimbursement is appropriate, please contact the SoWoSO Tri-chairs or the SoWoSO Treasurer.

SoWoSO Treasurer Use Only:    Check Number_______________Date______________Amount__________________