

Handcart Days
P.O. Box #87007,
Woods Cross, UT 84087



Request for Expense Reimbursement
(Receipts MUST be attached to all requests)

Date	Description	Total Amount inc. Sales Tax	Activity* (see below)	State Sales Tax Paid
Total				

- *Activities :
- | | |
|--------------------------------|------------------|
| Entertainment | Parade |
| Food | Public Relations |
| Games | Other |
| General & Administrative (G&A) | Sponsorship |

Make Checks Payable to:

Name	
Address	
Address	
Phone	
Stake & Ward	

Special Instructions:

Approvals:

Committee Chair

President

Date Paid:	Check Number:
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