

Arizona • California • Hawaii • Nevada

## **EXPENSE REQUEST**

Cla	iss Ite	m A	mount	Purpose of Expense
To	tal			
Please fill out and submit for reimbursement to the Western Chapter ISA office, 31910 Country Club Drive, Porterville, CA 93257. Attach receipts for reimbursement.				
Total amount to be reimbursed:				
Check to be made payable to:				
Mail check to:				
				<u> </u>
Signature:				Date:
Budgeted:Non-budgeted:				Approved by:
1001	Class Name Certification		Code A	Item Description Travel (air fare, car rental, parking)
1001	Annual Confere	nce	В	Meals
1003	Regional Meetin		C	Lodging (hotel)
1004	TREE fund		D	Office Supplies
1005	Board/Officer Expenses		E	Telephone
1006	O06 President Expenses		F	Facility rental/food services
1007 ISA Representative		G	Printing	
		Н	Postage	
1009	Misc Committee	S	1	Miscellaneous
1010	Climbing Champ	oionships	J	Speaker Fee

## REQUESTS CAN BE EMAILED TO SUZANNE@WCISA.NET