PORTLAND WHEELMEN TOURING CLUB

Expense Report

Date: _____

Event: _____

Payee	Purpose	Amount
	Total	$ 0.00

Requester's Signature: _____

Requester's Name: _____

Complete form, sign, attach receipts, and mail to PWTC Treasurer, 10035 NW Skyline, Heights Dr, Portland, OR 97229

OR - Complete form electronically, type name in "Requester's Signature" field, save form, and e-mail form and scanned receipts to PWTC Treasurer, treasurer@pwtc.com