W.I.N./WA Destination Imagination Expenses

Name		**Email**	
Address		**City**	
Zip Code		**Approved by**	

Trip Purpose	Date	Start Mileage	End Mileage	Total Mileage

Affiliate or Which Region Expense?	Expense Type – Copies, Phone, Registration, etc.	Dates	Details/Purpose	Amount
Affiliate Expense Total				
Regional Expense Total				

☐ Please Provide Reimbursement (Attach Receipts)

OR

☐ Please accept these as Donations to W.I.N. (Retain Receipts For Your Tax Return)

Signature	**Date**

Please sign the form and send with receipts to:
Randy Olson, WA DI Treasurer, 16541 Redmond Way, PMB-367C, Redmond, WA 98052