

WisCon Reimbursement Form

Please attach all receipts. The WisCon treasurer should reimburse: _____
your name

Dealers _____
approved, Dealers Room Dept. head signature

\$ _____ Detail: _____

Display _____
approved, Display Dept. head signature

\$ _____ Detail: _____

GoHs _____
approved, Liaison Dept. head signature

\$ _____ Detail: _____

Hospitality _____
approved, Hospitality Dept. head signature

\$ _____ Child Care: _____

_____ Con Suite: _____

_____ Dead Dog: _____

_____ Other: _____

Operations _____
approved, Operations Dept. head signature

\$ _____ At-con reg: _____

_____ Equipment rental: _____

_____ Hotel liaison: _____

_____ Personnel: _____

_____ Pre-con reg: _____

_____ Staff refunds: _____

_____ Treasury: _____

_____ Other: _____

Programming _____
approved, Programming Dept. head signature

\$ _____ Films: _____

_____ Gen'l Programming: _____

_____ Green Room: _____

_____ Reception: _____

_____ Refunds: _____

_____ Other: _____

Publications _____
approved, Publications Dept. head signature

\$ _____ Mailing costs: _____

_____ Publication, specify: _____

_____ Other: _____

Publicity _____
approved, Publicity Dept. head signature

\$ _____ Detail: _____

Other _____
approved, Coordinator

\$ _____ Detail: _____

WisCon Income Report Form

Dealers

\$ Dealer's name: _____

Dealer's name: _____

Dealer's name: _____

Dealer's name: _____

Dealer's name: _____

Dealer's name: _____

Donations

\$ Donor's name: _____

Donor's name: _____

Membership Income

\$ Date: _____

Detail: _____

Other

\$ Detail: _____

All reimbursement requests and income reports should be delivered to the WisCon treasurer in a timely manner. Attach all receipts.

Checks should be made to the order of WisCon.

SF³

PO Box 1624
Madison, WI 53701-1624

ES No. 17492

Space for use by Treasurer

Check numbers: