

BOEING EMPLOYEES' MODEL RAILROAD CLUB
2021 EXPENSE REIMBURSEMENT FORM

11/05/21 REVA

Fill out the info requested below and return the form, with receipts attached, to the Treasurer, **William M Kajdzik, 22519 100th Ave SE, Kent, WA 98031**

Name: _____ Daytime Phone: _____

Date: _____ M/S or Address: _____

- Mail to me Leave in layout room Bring to business meeting

Check the applicable boxes

	Description	Price
<input type="checkbox"/> Rolling Stock	<input type="checkbox"/> HO <input type="checkbox"/> O	_____
<input type="checkbox"/> Locomotives	<input type="checkbox"/> HO <input type="checkbox"/> O	_____
LAYOUT CONSTRUCTION		
<input type="checkbox"/> Benchwork	<input type="checkbox"/> Lighting	_____
<input type="checkbox"/> Sub-roadbed	<input type="checkbox"/> Roadbed	_____
<input type="checkbox"/> Track	<input type="checkbox"/> Switches	_____
<input type="checkbox"/> Scenery	<input type="checkbox"/> Structures	_____
<input type="checkbox"/> Electrical	<input type="checkbox"/> Signals	_____
<input type="checkbox"/> Backdrop	<input type="checkbox"/> Backdrop pics	_____
<input type="checkbox"/> Tools	<input type="checkbox"/> Show Support	_____
<input type="checkbox"/> Library	<input type="checkbox"/> Stationary Supplies	_____
<input type="checkbox"/> Module Maint	<input type="checkbox"/> HO <input type="checkbox"/> O	_____
<input type="checkbox"/> Roll Stock Maint	<input type="checkbox"/> HO <input type="checkbox"/> O	_____
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Facility <input type="checkbox"/> Trailer	_____
<input type="checkbox"/> Module Maint	<input type="checkbox"/> HO <input type="checkbox"/> O	_____
<input type="checkbox"/> Door Prizes	<input type="checkbox"/> Picnic	_____
<input type="checkbox"/> Work Session Food	<input type="checkbox"/> Executive Food	_____
<input type="checkbox"/> Swap Meet Supplies		_____
<input type="checkbox"/> Rental	<input type="checkbox"/> Truck	_____
<input type="checkbox"/> Web Site Maintenance/Software		_____
<input type="checkbox"/> Other (specify)		_____

TOTAL AMOUNT REQUESTED _____

PAID CHECK NUMBER _____ DATE: _____