



EXPENSE REQUISITION
 EMPLOYER SERVICES /
 LOSS CONTROL DIVISION
 SFN 60474 (01/2019)

1600 E Century Ave, Ste 1
 PO Box 5585
 Bismarck ND 58506-5585
Telephone 800-777-5033
 Toll Free Fax 888-786-8695
 TTY (hearing impaired) 800-366-6888
 Fraud and Safety Hotline 800-243-3331
 www.workforcesafety.com

Legal name of grantee	Contact name	Telephone number	
Mailing address of grantee	City	State	ZIP code
Finance identification number	Reimbursement request for the month/year		

Income (Complete only on final request)	Estimated	Actual		
Income				
Booth Rentals				
Sponsorships				
Registration Fees				
WSI Grant				
Other Income				
Expenses	Grant Budget	Actual Expenses	Request Amount	WSI Reimbursed Amount
Operational Expenses				
Contracted/speaker fees				
Scholarships				
Meeting or training room/equipment rental				
Education /training materials				
Advertising				
Office supplies				
Printing /postage				
Travel Expenses				
Airfare/Baggage fees				
Lodging				
Meals (per diem)				
Parking/Rental car/Mileage				
Other				

Total Expenditures				
Name of authorized official	Authorized signature			Date submitted

For WSI use only	Finance ID	Amount of reimbursement
WSI signature/approval	Date	
WSI review signature/approval	Date	

Notes
