**GFWC Clearwater Community Woman’s Club Request for Reimbursement** Treasurer’s use only:

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Category (or categories) plus detail and also amounts if several items are included in this request

CSP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Members: \_\_\_\_\_new \_\_\_\_\_\_general \_\_\_\_\_\_\_ Conventions \_\_\_\_\_\_\_\_\_\_\_\_

Project (eg, Fest of Trees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach receipt copies (or scan and email receipts with this form) Keep copy below for your records

……………………………………………………………………………………………………………………………………………………………………………………

**GFWC Clearwater Community Woman’s Club Request for Reimbursement**

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **GFWC Clearwater Community Woman’s Club Request for Reimbursement** Treasurer’s use only:

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Category (or categories) plus detail and also amounts if several items are included in this request

CSP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Members: \_\_\_\_\_new \_\_\_\_\_\_general \_\_\_\_\_\_\_ Conventions \_\_\_\_\_\_\_\_\_\_\_\_

Project (eg, Fest of Trees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach receipt copies (or scan and email receipts with this form) Keep copy below for your records

…………………………………………………………………………………………………………………………………………………………………………………...

**GFWC Clearwater Community Woman’s Club Request for Reimbursement**

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **GFWC Clearwater Community Woman’s Club Request for Reimbursement** Treasurer’s use only:

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Category (or categories) plus detail and also amounts if several items are included in this request

CSP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Members: \_\_\_\_\_new \_\_\_\_\_\_general \_\_\_\_\_\_\_ Conventions \_\_\_\_\_\_\_\_\_\_\_\_

Project (eg, Fest of Trees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach receipt copies (or scan and email receipts with this form) Keep copy below for your records

…………………………………………………………………………………………………………………………………………………………………………………..

**GFWC Clearwater Community Woman’s Club Request for Reimbursement**

Date\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payable to (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_