

Eureka Woman's Club
Request for Reimbursement

Receipts Must Be Attached

Date: _____

Reimburse to: _____

Approved by: _____

Title: _____

| Where/What/For what | Amount | Receipts Attached | TREASURER USE ONLY Account/Class |
|----------------------|--------|-------------------|-------------------------------------|
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| <u>TOTAL:</u> | | | |

NOTES: _____

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| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| _____ | _____ | Y / N | _____ |
| <u>TOTAL:</u> | | | |

NOTES: _____
