



Richardson Woman's Club  
Expense Reimbursement Form

(Fill out completely-Attach receipts and/or invoices to be paid. Sales tax should **not** be included.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office/Committee: \_\_\_\_\_

RWC Event: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Check payable to: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Committee/ Division Chair

RWC President (only if over \$500)

**FORM MUST BE SIGNED.**

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This part to be filled out by Treasurer

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_

Category \_\_\_\_\_