

Walnut Valley Women's Club P. O. Box 563 Walnut, CA 91789

Expense Reimbursement Form

Date Submitted _____

This form is to be completed by WVWC members for any expenses incurred (budgeted or by vote) in serving WVWC and **must be accompanied by receipts for all expenditures**. Submit for approval to: Shari Kovach, WVWC Financial Secretary. Attach original receipts.

Name ______ WVWC Position: ______

Address _____ Zip Code _____

DATE	DESCRIPTION	Dollars	Cents

Admin only		
Approved by:	Account Charged	
Budget Allocation	get Allocation Vote (date)	
Check #:	Date Reimbursed: Amount of Check \$	
Account: Allocated Balance		