

# Shipyard Women's Club

## Reimbursement Form

- Please **SIGN** each receipt and **CIRCLE** each amount
- Fill out and sign Reimbursement Form, attaching receipts

ITEM \_\_\_\_\_ COST \$ \_\_\_\_\_

BUDGET CATEGORY - Please check one:

**Hospitality:** Fresh Fruit Bowl \_\_\_\_\_ Supplies \_\_\_\_\_ Christmas Brunch \_\_\_\_\_

**Programs:** Honorariums \_\_\_\_\_ Meetings \_\_\_\_\_ Annual Tea \_\_\_\_\_ Supplies \_\_\_\_\_

**Membership:** Printing \_\_\_\_\_ Supplies \_\_\_\_\_ Binders \_\_\_\_\_

**Sunshine:** Stamps & Stationery \_\_\_\_\_ **Website** \_\_\_\_\_ **Gifts** \_\_\_\_\_

**Donations** \_\_\_\_\_ **Meeting Supplies** \_\_\_\_\_

Expense Approved By \_\_\_\_\_

ITEM \_\_\_\_\_ COST \$ \_\_\_\_\_

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**Donations** \_\_\_\_\_ **Meeting Supplies** \_\_\_\_\_

Expense Approved By \_\_\_\_\_

TOTAL REQUESTED \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Office Use Only:

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Check Paid to \_\_\_\_\_