

Norwich Women's Club  
Expense Reimbursement Form 2017/2018 Operations Checking Account

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Operating Budget and Spring Gala Expense:**

**Please Check the Category to be Charged**

- Admin/Officer Expense
- Capital Expenditures for NNS
- Historian
- Hospitality
- Membership
- Member Directory
- Newsletter
- Programs
- Publicity
- Scholarship/NWC Budget
- Tax Preparation
- Technology Services
- Spring Gala

**Breakdown of Expenses:**

- \$ \_\_\_\_\_ Postage
- \$ \_\_\_\_\_ Photocopies
- \$ \_\_\_\_\_ Paper
- \$ \_\_\_\_\_ Supplies
- \$ \_\_\_\_\_ Food
- \$ \_\_\_\_\_ Beverage
- \$ \_\_\_\_\_ Hostess/Presenter Gift
- \$ \_\_\_\_\_ Advertising
- \$ \_\_\_\_\_ \*Other [Explain below]

\* \_\_\_\_\_

**NWC Community Grant Expense:**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| \$ _____ Candidates Night          | \$ _____ Membership Development |
| \$ _____ Memorial Books            | \$ _____ Off Cycle Request      |
| \$ _____ Spring Gala Honoree Grant | \$ _____ Summer Concerts        |
| \$ _____ Triangle Garden Plantings | \$ _____ Tracy Hall Tables      |
| \$ _____ Other                     |                                 |

Signature: \_\_\_\_\_

Pay Invoice(s) to: \_\_\_\_\_ \$ \_\_\_\_\_

Reimburse Directly: \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount for Reimbursement: \$ \_\_\_\_\_

For our future project planning did you have any expenses for which you are not asking to be reimbursed? Yes / No      Approximate amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Staple receipts to form and mail to Treasurer: Norwich Women's Club; P. O. Box 191; Norwich, VT 05055  
Call Joanne Kent at 802-345-8736 (cell) or e-mail [joanne.kent@fourseasonssir.com](mailto:joanne.kent@fourseasonssir.com) with any questions.