

Norwich Women's Club
Expense Reimbursement Form 2018/2019 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 | \$ _____ Triangle Garden Plantings |
| \$ _____ Memorial Books | \$ _____ Off Cycle Request |
| \$ _____ Membership Development | \$ _____ Other |
| \$ _____ Summer Concerts on the Green | |

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 with any questions.