

**Norwich Women's Club**  
**Expense Reimbursement Form 2019/2020 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