

Nearly New Sale
Expense Reimbursement Form 2017/2018 NNS Checking Account

Name: _____ Date: _____

Mailing Address: _____

Nearly New Sale Expense:

Breakdown of Expenses:

\$ _____ Advertising
\$ _____ Banner
\$ _____ Beverage
\$ _____ Copies
\$ _____ Food
\$ _____ Paper
\$ _____ Postage
\$ _____ Supplies
\$ _____ *Other [Explain below]

*

Reimbursement: \$ _____

Pay Invoice To: _____

Reimburse Directly: _____

Signature: _____

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 submit to Joanne Kent, Treasurer at:

Norwich Women's Club
P. O. Box 191
Norwich, VT 05055

Call Joanne at 802 345-8736 (cell) or e-mail joanne.kent@fourseasonssir.com with any questions.