

Nearly New Sale  
Expense Reimbursement Form 2019/2020 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 Treasurer at:

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