

PENTWATER WOMEN'S CLUB
Expense Reimbursement Form

Name _____

Address _____

City, St., Zip _____

Tel. # _____

Please attach all receipts/expense documentation to this form. Send questions to pentwaterwomensclub@gmail.com.

Expense description	Amount
Total to be reimbursed	

Requestor's Signature _____

Date _____

Note: All expenses must be approved by the President.

(President's initials)

For Treasurer's Use Only

Account Operating Scholarship

Check Number _____ Check Amount _____

Date Paid _____

Treasurer's Signature _____