



# CALIFORNIA FEDERATION OF WOMEN'S CLUBS

## Expense Reimbursement Form

Date Submitted \_\_\_\_\_

This form is to be completed by **CFWC Officers and Chairman** for any budgeted expenses incurred in serving CFWC and must be accompanied by receipts for all expenditures.

Submit for approval to: Marsha LaRusso, CFWC Director of Finance  
4 Plymouth Court, Laguna Niguel, CA 92677

Name \_\_\_\_\_ CFWC Position: \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

DATE	DESCRIPTION	Dollars	Cents

Approved by: \_\_\_\_\_ Warrant #: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_