



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: Jill Drescher, Director of Finance
 1001 Poplar Ave., Wasco, CA 93280

Name _____ CFWC Position: _____

Address _____

Zip Code _____

DATE	DESCRIPTION	Dollars	Cents

Approved by: _____ Warrant #: _____ Date: _____

Check #: _____ Date: _____ Account #: _____