

**GFWC CALIFORNIA FEDERATION OF WOMEN'S CLUBS
ITINERARY EXPENSE REPORT**

DATE SUBMITTED: _____ TOTAL EXPENSE: \$ _____

ITINERARY # _____

DISTRICT/CLUB: _____

EVENT DATE: _____

CFWC OFFICER or CHAIRMAN SPEAKER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURES REQUIRED:

DISTRICT/CLUB PRESIDENT: _____

DATE: _____

CFWC DIRECTOR OF FINANCE: _____

DATE: _____

VEHICLE MILEAGE: # MILES: _____ AMOUNT: \$ _____
(amount calculated by CFWC Dir of Finance using current IRS value)

OR

ECONOMY AIRFARE: FROM: _____ TO: _____

AMOUNT: \$ _____

HOTEL (\$75.00 per night) Length of stay (# of nights): _____ AMOUNT: \$ _____

MEALS (\$40.00 max per day: Breakfast \$5.00; Lunch \$15.00; Dinner \$20.00)

Breakfast: _____ # Lunch: _____ # Dinner: _____ AMOUNT: \$ _____

AFTER THE EVENT

Mail completed expense report with a copy of itinerary request form and all receipts to:

Jill Drescher, CFWC Dir of Finance
1001 Poplar
Wasco, CA 93280

Ph: 661-868-9953 / Email: jilldrescher@att.net

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