

SWC Reimbursement Form 2023-24

Reimbursement for expenses: After your program is over, the Chair or Co-Chair is responsible for submitting this updated form with all receipts organized within 10 days of your program. If multiple members need to receive a check for reimbursement, please list who they are and the total they are due. This is your responsibility as the chair or co-chair to coordinate with your committee members. Please take photos or scan receipts and send them along with this form. Make sure they are organized and easy to understand.

Send to: SWC's Treasurer, Renee Lee, at accounting@sausalitowomansclub.org and cc SWC's program co-chairs: lauriflynn@msn.com & m.ko.scarth@gmail.com

Program Reimbursement Request Information	
Program Name & Date:	
Your Name:	
Today's Date:	
Total reimbursement:	
Name of person to reimburse and total due:	
Name of person to reimburse and total due:	
Name of person to reimburse and total due:	
(add additional names if needed)	
Income:	
# of Guests + Cost per person (indicate how many paid via swc website vs. by check)	
Other (please detail if applicable)	
Total Revenue	
Expenses	
Credit Card processing via SWC website 3%	
Total Expenses	
NET PROGRAM TOTAL	

Tell us about your overall program and how it went:

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