

**SWC Reimbursement Form**

**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](mailto:accounting@sausalitowomansclub.org) and cc SWC's program co-chairs: [sharnabrockett@gmail.com](mailto:sharnabrockett@gmail.com), [ljmeyer1@comcast.net](mailto:ljmeyer1@comcast.net).

<b>Program Reimbursement Request Information</b>	
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:	
<i>(add additional names if needed)</i>	
<b>Income:</b>	
# of Guests + Cost per person (indicate how many paid via swc website vs. by check)	
<i>Other (please detail if applicable)</i>	
<b>Total Revenue</b>	
<b>Expenses</b>	
Credit Card processing via SWC website 3%	
<b>Total Expenses</b>	
<b>NET PROGRAM TOTAL</b>	

**Comments:**

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