SWC REIMBURSEMENT REQUEST FORM

Reimbursement for expenses: After your program is over, the Program Event Chair(s) is responsible for submitting this Form with all receipts organized within ten (10) days of your program. If multiple members need to receive a check for reimbursement, please submit a separate SWC Reimbursement Request Form for each person. 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 and you include the address of the person who is to receive reimbursement.

Send to: All reimbursement requests (with electronic copies of receipts) are to be sent to: SWC's Treasurer at accounting@sausalitowomansclub.org

SWC Program Name/Date: _____

SWC Program Chair(s): _____

Today's Date: _____

Name, Mailing Address, Phone Number and Email Address of Person to be Reimbursed:

Name: _____ Phone: _____

Address: _____

_____

Email: _____

Store/Vendor where Expense was Incurred	Amount of Expense Incurred	Description or Purpose of Expense Incurred
	$	

Total Amount to be Reimbursed: $_____