



WOMEN'S GOLF CLUB

REIMBURSEMENT REQUEST

Name _____

Address _____

EMAIL _____ PHONE: _____

Expense Category:

Tournament: _____

Special Event: _____

Chairman or Special Committee: _____

Other: _____

List each expense, its purpose and dollar amount. **Attach photocopies of each receipt and sign each receipt.** If you attach original receipts they will **not** be returned. Attach all receipts to the reimbursement form.

ITEM: _____

PURPOSE: _____ Amount \$ _____

ITEM: _____

PURPOSE: _____ Amount \$ _____

ITEM: _____

PURPOSE: _____ Amount \$ _____

ITEM: _____

PURPOSE: _____ Amount \$ _____

Continue on back if needed.

Total: \$ _____

Signature

Date

Submit form to the current WGC Treasurer or drop in 18er box.