

LOST PINES REPUBLICAN WOMEN

Reimbursement Form Request Voucher

PERSON OR BUSINESS TO BE REIMBURSED

ADDRESS

Street

City

State

Zip Code

SUBMISSION DATE

Month, day, year

FUNCTION TO BE CHARGED

TOTAL AMOUNT TO BE REIMBURSED

APPROVED BY COMMITTEE CHAIR OR CLUB PRESIDENT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Signature

Date

***All information must be completed and receipts attached before reimbursement can be approved.**

Mail form and receipt(s) to:

Kaye Leidy, Treasurer
1145 FM 812
Cedar Creek, TX 78612

For Treasurer's use only

Date of Check _____

Check Number _____

Category _____

TEC Filing period _____