Central Coast Chapter
Women's Council of Realtors
Expense Reimbursement Form

Directions:

1. Complete this form
2. Number receipts and label items with one of the following categories:
   Meeting Registration Printing/Reproduction Travel Awards/Gifts Other
3. Staple receipt(s) to this form
4. Make a copy of everything and send to Treasurer

TREASURER:

Women's Council of Realtors

PO Box 16060

San Luis Obispo, CA 93406

Name: _____

Address: _____

Email: _____

Phone: _____

Company Name: _____

Note: Your request for reimbursement must be made within 45 days from the expense to qualify for reimbursement. You must include the receipt and description of the expense .....NO RECEIPT....NO REIMBURSEMENT

Any expense reimbursement requests not made within 45 days, will be subject to the Chapter Governing Board approval at it's next meeting.

CATEGORY	DESCRIPTION/PURPOSE	AMOUNT REQUESTED	AMOUNT APPROVED
	TOTAL		

If any items are over $100, who approved it?_____

SIGNATURE_____ DATE_____

For Treasurer use only

CHECK NO._____ AMOUNT OF CHECK_____ DATE_____