GFWC NAPLES WOMAN'S CLUB, INC

REQUEST FOR REIMBURSEMENT OR PAYMENT

1. ***Fill out the required information* below and attach original receipts.***
2. ***Make a copy for your records.***
3. ***Have it approved.***
4. ***Turn in to Office Administrator.***

***Date** _____

***NWC Requestor**: _____

***Phone Number**: _____ **Email:** _____

***Committee OR Event**: _____

***3-word description for QuickBooks memo**: _____

***Reimbursement Amount**: $ _____

***Purpose of Payment**:

_____

_____

_____

***Approved By**: _____

PLEASE ATTACH RECEIPTS

Payee Name: _____

Payment Amount: $ _____

Mailing Address: _____

_____

FOR TREASURER'S USE ONLY

DATE PAID: _____ CHECK NUMBER: _____

SUB-ACCOUNT NUMBER: _____

Revised: 10/11/24