GFWC Billings Junior Woman's Club

Request for Reimbursement

Date_____ Check # ____

Date Requested: Amo	ount requested:	Date Requested: Amo	ount requested:
Reason:		Reason:	
Payable to:		Payable to:	
Address:		Address:	
Approved by Committee Chair:		Approved by Committee Chair:	
Sales receipt or other proof of purchase MUST be attached for payment		Sales receipt or other proof of purchase MUST be attached for payment	
Donations: Please include addressed envelope and letter to payee		Donations: Please include addressed envelope and letter to payee	
<u>Departments</u>	Special Projects	<u>Departments</u>	Special Projects
Arts and Culture	Advocates	Arts and Culture	Advocates
Environment	Building & Grounds	Environment	Building & Grounds
Education and Libraries	Communication/PR	Education and Libraries	Communication/PR
Books for Babies	Domestic Violence	Books for Babies	Domestic Violence
ESO	History & Resources	ESO	History & Resources
Scholarship	Leadership	Scholarship	Leadership
Health and Wellness	Membership	Health and Wellness	Membership
Civic Engagement & Outreach	School Medical	Civic Engagement & Outreach	School Medical
Operating Expenses		Operating Expenses	
Please circle which category is applicable		Please circle which category is applicable	
**********		*************	

GFWC Billings Junior Woman's Club

Request for Reimbursement

Date_____ Check # _____