

GFWC Billings Junior Woman's Club

Request for Reimbursement

Date Requested: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Reason: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Approved by Committee Chair: \_\_\_\_\_

Sales receipt or other proof of purchase MUST be attached for payment

Donations: Please include addressed envelope and letter to payee

Departments

Special Projects

Arts and Culture

Advocates

Environment

Building & Grounds

Education and Libraries

Communication/PR

Books for Babies

Domestic Violence

ESO

History & Resources

Scholarship

Leadership

Health and Wellness

Membership

Civic Engagement & Outreach

School Medical

Operating Expenses

Please circle which category is applicable

\*\*\*\*\*

Date \_\_\_\_\_

Check # \_\_\_\_\_

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