



The Woman's Club of Smithfield, Inc.

Expense Reimbursement Form

Check Number: _____

Date Paid: _____

Submitted by: _____ Date: _____

Budget item to be charged: _____

Approved by: _____

Make check payable to:

Submitter: _____ Other: _____ Donation: _____

Address if check is to be mailed: _____

Reason for expense: _____

Date of Expense

Description

Amount

Total: \$ _____

Please complete and return form, attach receipt(s) and submit to Treasurer