

**REQUEST FOR REIMBURSEMENT ~ FRANKLIN WOMAN'S CLUB**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*(Provide your mailing address if you submit your request at the end of the club year. Your check will be mailed to you over the summer.)*

Check Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

***Receipt(s) totaling the amount of reimbursement must be attached.***

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*For Treasurer's Use Only*

Category: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Included in annual budget

Approved at meeting (date \_\_\_\_\_)

blue

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