



GFWC Florida Federation of Women's Clubs Reimbursement Request Form

Name _____

Position _____

Address _____

City _____

Dates covered by attached expenditures _____ (Please submit once a quarter by the 15th of September, December, March or May unless over \$100. If over \$100 or if you have used a GFWC FL credit card, please submit this form immediately.)

Expenditures (Attach ORIGINAL receipts or charge slips with items highlighted or circled.)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

TOTAL of items listed above \$ _____

I certify that this is a true and accurate accounting of expenses incurred in carrying out my duties and responsibilities for my position with the Florida Federation of Women's Clubs.

Signature of Submitter

No reimbursement will be made without a signature. Please retain copies of everything submitted.

Return to:

***GFWC FLORIDA TREASURER,
Sara Dessureau, 3936 Southwind Dr, Melbourne, FL 32904***

For Office Use Only:

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Check Total \$ _____

Check # _____ Date Paid _____ Authorization _____

REPRODUCE AS NECESSARY

MODE OF TRANSPORTATION	MILEAGE	COST @ .54/MILE*	HOTEL	TAXI/ BUS	TIPS	OTHER	EXPLANATION OF OTHER EXPENSES	TOTAL
TOTAL Please place on line 7 on front page.								

*If traveling by private auto, transportation is reimbursed at \$.54 per mile unless you are submitting gas receipts for reimbursement, then mileage will be reimbursed at actual costs. Expense reports must be accompanied by Hotel Bills, Airline Ticket Stubs, Restaurant Receipts, Taxi Receipts and/or Canceled Checks or Credit Card Receipts.

Revised 1/2016