



**CALIFORNIA FEDERATION OF WOMEN'S CLUBS**  
**Expense Reimbursement Form**

**Date Submitted** \_\_\_\_\_

This form is to be completed by **CFWC Officers and Chairman** for any budgeted expenses incurred in serving CFWC and must be accompanied by receipts for all expenditures.

Submit for approval to: Jill Drescher, Director of Finance  
1001 Poplar Ave., Wasco, CA 93280

Name \_\_\_\_\_ CFWC Position: \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

DATE	DESCRIPTION	Dollars	Cents

Approved by: \_\_\_\_\_ Warrant #: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_