



GFWC-WS Expense Statement

(Please make copies of this original form and submit with all requests for reimbursement)

Date: _____

Name: _____ GFWC-WS Title: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Expense: _____ Amount: _____

Total Reimbursement: _____

For accounting purposes, please attach all receipts to this expense statement.

Return completed form to:
Nancy Larsen
GFWC-WS Financial Secretary
4601 216th St SW, #B
Mountlake Terrace, WA 98043