

The Women's Community League of Weston

Expense Reimbursement Form

From _____ Date _____

Reimbursement check details:

Name of Payee _____

Amount _____

Itemized Expenses

| DATE | DESCRIPTION | AMOUNT |
|------|-------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please attach receipts

Name and address check to be sent to _____

Do not write below line-to be completed by WCL Treasurer

Date Paid _____ Check No _____

Account _____ Expense Category _____

Mail to WCL Treasurer: Yvonne Over PO Box 125 Weston MA 02493

*We are a nonprofit organization and exempt from state tax
Our tax exemption number is 046-113-379*