



Date Submitted:
 Check payable to:
 Company:
 Address:
 City, State Zip:
 Phone:
 Email:
 Position/Committee:

Budget Category	Date of Expense	Description	Amount
Total			\$ -

Approved By: _____
 Paid By: _____
 Check Number: _____
 Date Paid: _____

Mileage will be reimbursed at \$0.40/mile.

Turn in Form and Receipt to:

Peggie Pentecost
 Women's Council Texas Treasurer
 2606 Centenary
 Houston TX 77005
 Call/Text 713-705-3700

Treasurer@WCRTexasTeam.com

All State Officers must submit this form with supporting documentation