



2020 REIMBURSEMENT FORM

Date Submitted:
 Name:
 Address:
 City, State Zip:
 Phone:
 Email:
 Title:
 Event:

Budget Category	Date of Expense	Description	Amount
WRITTEN REPORT			
Total			\$ -

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

Mileage will be reimbursed at \$0.40/mile.

Turn in Form, Reports and Receipts to:

Patti St. Louis
 Women's Council Texas Treasurer
 51 Wind Whisper Ct.
 The Woodlands, TX 77380
 Call/Text 713-824-8484

Treasurer@WCRTexasTeam.com

All State Officers must submit this form with supporting documentation and **Report**