



GFWC Florida Federation of Women's Clubs Reimbursement Request Form

Name _____ Position _____

Address _____ Phone # _____

City _____ ZIP _____ Email _____

Dates covered by attached expenditures _____
(Please submit once a quarter by the 15th of September, December, March or May unless over \$100.
If over \$100 or if you have used an FFWC credit card, please submit this form immediately.)

Expenditures (Attach ORIGINAL receipts or charge slips with items highlighted or circled.)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____

TOTAL of items listed above \$ _____

I certify that this be a true and accurate accounting of expenses incurred in carrying out my duties and responsibilities for my position with the GFWC Florida Federation of Women's Clubs.

Signature of Submitter

No reimbursement will be made without signature. Please retain copies of everything submitted

Return to: Mary Powell, GFWC Florida Treasurer, 96005 Osprey Point Lane, Fernandina Beach, FL 32034

For Office Use Only:

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Check Total \$ _____

Check # _____ Date Paid _____ Authorization _____

MODE OF TRANSPORTATION	MILEAGE	COST AT .50/MILE*	HOTEL	TAXI/ BUS	TIPS	OTHER	EXPLANATION OF OTHER EXPENSES	TOTAL
							TOTAL Please place on line 7 on front	

*If traveling by private auto, transportation is reimbursed at .50 per mile unless you are submitting gas receipts for reimbursement, then mileage will be reimbursed at .30 per mile. Expense reports must be accompanied by Hotel Bills, Airline Ticket Stubs, Restaurant Receipts, Taxi Receipts and/or canceled Checks or credit card Receipts.

Revised 7/10