

Women of the West Quilters (WOW) Expense Form

REQUESTER: _____

DATE: _____

AMOUNT: _____

COMMITTEE: _____

DESCRIPTION OF EXPENSE:

**RECEIPTS MUST BE ATTACHED TO SUPPORT EXPENSES SUBMITTED FOR REIMBURSEMENT
IF REQUESTING PAYMENT TO VENDOR, VENDOR INVOICE MUST BE ATTACHED**

INSTRUCTIONS (i.e. – where to send check):

AUTHORIZED BY: _____

DATED AUTHORIZED: _____

ALL EXPENDITURES MUST BE:

- (a) AUTHORIZED BY THE COMMITTEE CHAIRPERSON, OR**
- (b) AUTHORIZED IN BUDGET APPROVED BY THE BOARD**

**ANY EXPENDITURE(S) IN EXCESS OF \$50.00 MUST RECEIVE APPROVAL BY THE PRESIDENT IN ADDITION
TO THE TREASURER.**

CHECK # _____

AMOUNT: _____

ACCOUNT: _____