

## Amery Woman's Club

PO Box 94 - Amery, WI 54001

## **Expense Reimbursement Request Form**

NOTE: The <u>ORIGINAL</u> receipt, invoice or cash register receipt from the vendor MUST be submitted along with this request for reimbursement. Whenever possible, please ask the vendor to send the invoice to the AWC, PO Box 94, Amery, WI 54001.

Fiscal Year:			
Name:		Date:	
Reimbursement Amount Req	uested: \$		
Project/Program to Charge:			
Purpose of the Expense:			
Was the expense pre-approved by the Board? Yes		No	If no, please explain:
Additional Comments:			
Approved by Committee Cha	ir:	Date:	
	(Signature)		
Approved by AWC President:		Date:	
	(Signature)		
Date Paid:	Amount Paid: \$	Check Nu	ımber:
Treasurer's Signature:			
Per Amended By-Laws (Aug 16, 20	015):		

Section 11. Any established function of the organization, that needs money, must present in writing for approval, a budget proposal to the executive board no later than the October meeting.

Section 12. How the budgeted money will be spent must be included in the proposal. For non-budgeted expenditure or collection of expenditures that are in excess of \$100, the prior approval of the executive board is required. Request for approval must be made to the treasurer or president, at least 5 business days prior to the expenditure of the funds. Executive board members may vote in meetings, via email, or by phone for approval of budget proposals.

(Approved 2 Aug 2016-AWC Executive Board)