



GFWC-WS PENINSULA DISTRICT Statement of Bill or Request for Reimbursement

Member Name _____ Phone _____

Total Expense _____ Date Presented _____

Check to be made out to _____

Explanation of what money was spent for: _____

Signature of person submitting bill _____

Address where check is to be sent _____

Original receipt(s) must be included

(For Treasurer's Use Only – Please do not write below this line.)

Check issued to: _____

Check Number _____ Check Amount _____

Budget Line Item for this disbursement _____

MAIL OR PRESENT COMPLETED FORM & RECEIPTS TO:

Ellen Wagner
5222 Chelan LN SE
Lacey, WA 98503
efwagner@msn.com