



SOROPTIMIST
Best for Women

Soroptimist International of Greater North Kitsap

EXPENSE REPORT & REIMBURSEMENT REQUEST

P O Box 1594
Poulsbo, WA 98370

Member Name: _____ Date Submitted: _____

EXPENSE DATE	DESCRIPTION OF EXPENSE	CATEGORY*	AMOUNT
e.g. 1/1/08	Copies	BFAC 08	\$ 2.08

* Club Treasurer will complete CATEGORY information if not known.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

TOTAL: _____

Please attach copies of all receipts with Reimbursement Request and submit to club Treasurer.

Member Signature: _____

APPROVED:

TREASURER: _____ DATE: _____

PRESIDENT: _____ DATE: _____

PAYMENT: CHECK No. _____ DATE: _____