Coral Gables Woman's Club

1001-1009 E. Ponce de Leon Blvd.
Coral Gables, FL 33134

Ph: 305-443-2194

May Van Sickle
Children's Dental Clinic

REIMBURSEMENT FORM

Attention: **TREASURER**

PAYTO: _____

Amount:_____

Department: _____

Receipt Attached: _____Yes _____No

Date: paid_____

Check # _____

Itemized Items

TOTAL	

Member Reimbursement Instructions

If you ever purchase anything for the Club, please keep the receipt. Give the receipt to the treasurer at the next meeting. Please fill out this form. Staple your receipt to the form. Fill out the form with your name and the amount. She will reimburse you before the end of the meeting