

**GFWC TEMPLE TERRACE WOMAN'S CLUB**

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**CHECK REQUEST/REQUEST FOR REIMBURSEMENT**

Check payable to: \_\_\_\_\_

CSP OR COMMITTEE ASSIGNED EXPENSE: \_\_\_\_\_

DATE	DESCRIPTION of Expense	AMOUNT

SUBMITTED BY: \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**Instructions:**

Please attach documentation supporting the check (such as bill, statement or minutes designating the payment with mailing address of recipient)

**NOTES:**

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