

CALIFORNIA FEDERATION OF BUSINESS & PROFESSIONAL WOMEN VOUCHER CLAIM

Please Print Clearly:

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Telephone: (W) _____ **(H)** _____

Meeting Place: _____ **Dates*** _____, _____

Purpose of Meeting: _____

<u>EXPENDITURES*:</u>	<u>ACTUAL \$</u>	<u>PAID \$</u>	<u>ACCOUNT #</u>
AIRFARE: _____	_____	_____	_____
AUTO MILEAGE: _____ MI @ _____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____
MEALS: _____	_____	_____	_____
TELEPHONE (pertaining to office/chairmanship): _____	_____	_____	_____
MISCELLANEOUS (specify): _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:	_____	_____	_____

SIGNATURE: _____ **DATE:** _____

*NOTES: 1) REQUESTS FOR REIMBURSEMENTS MUST BE SUBMITTED WITHIN 10 DAYS FROM MEETING DATES.
2) ALL EXPENSES MUST HAVE RECEIPTS ATTACHED TO THIS FORM PRIOR TO PAYMENT.

FOR OFFICE USE ONLY:

APPROVED BY: _____ **DATE:** _____
CFBPW President

_____ **DATE:** _____
Treasurer

_____ **DATE:** _____
Vice Chairman Finance

_____ **DATE:** _____
E. C. Approvals (Items over Budget Only)

DATE PAID: _____ **AMOUNT PAID \$** _____ **CHECK #:** _____

MAIL TO: _____

