

**WOMAN'S CLUB OF PALO ALTO**  
**Check/Reimbursement Request**

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_

Phone \_\_\_\_\_

Budget Category: \_\_\_\_\_

**\*\*\*Receipts or Invoices must be attached\*\*\***

ITEMS	AMOUNT
_____	_____
_____	_____
TOTAL	_____

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_

Requests may be left in Treasurer's Folder in office or mailed/emailed to:

Treasurer  
475 Homer Ave  
Palo Alto, CA 94301

[treasurer@womansclubofpaloalto.org](mailto:treasurer@womansclubofpaloalto.org)

*No reimbursements will be made without this form*

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
**(Treasurer or Finance Chair)**

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