

**Northwest Austin Republican Womens Club**  
9500 Eagle Knoll Drive  
Austin, TX 78717  
treasurer@nwarw.org | 512-348-9136

**Expense / Reimbursement Voucher**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I have incurred the following expenses on behalf of NWARW.**

**I request reimbursement of \$ \_\_\_\_\_ I do NOT request reimbursement \_\_\_\_\_**  
If total is greater than \$100 (I obtained the President's approval prior to the expenditure. Written documentation is attached.

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On Date: \_\_\_\_\_ I paid \$ \_\_\_\_\_

To (Name): \_\_\_\_\_ (If individual, Occupation): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

For: \_\_\_\_\_ Purpose: \_\_\_\_\_  
(Office held, Project, or Event) (Postage, Copies, Telephone, etc.)

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On Date: \_\_\_\_\_ I paid \$ \_\_\_\_\_

To (Name): \_\_\_\_\_ (If individual, Occupation): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

For: \_\_\_\_\_ Purpose: \_\_\_\_\_  
(Office held, Project, or Event) (Postage, Copies, Telephone, etc.)

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On Date: \_\_\_\_\_ I paid \$ \_\_\_\_\_

To (Name): \_\_\_\_\_ (If individual, Occupation): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

For: \_\_\_\_\_ Purpose: \_\_\_\_\_  
(Office held, Project, or Event) (Postage, Copies, Telephone, etc.)

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_