

Balcones Country Club Women's Association  
**EXPENSE REIMBURSEMENT / CHECK REQUEST**

Date Submitted: \_\_\_\_\_ Requested by: \_\_\_\_\_

**Check Amount: \$** \_\_\_\_\_

Mail Check to: \_\_\_\_\_  
Payee / Name Telephone Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City / State Zip

*[If to self, please include a self-addressed, stamped envelope to facilitate a faster reimbursement.]*

DESCRIPTION OF EXPENSE(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVOICES/RECEIPTS must be included with this form.** (Make copies for your notebook.)

CIRCLE THE EXPENSE CATEGORY

**BCCWA General Fund**

President  
Communications VP  
Development VP  
Membership VP  
Program VP  
Recording Secretary  
Treasurer  
Other

**BCCWA Scholarship Foundation**

(No Sales Tax will be reimbursed)

Chair  
Treasurer  
Meeting Raffles  
Scholarships  
Scholarship Dinner  
Special Events  
Other

**Market Days**

Advertising  
Correspondence  
Pantry  
Programs  
Raffle  
Silent Auction  
Vendors  
Other

**Mail Form and Receipts to the BCCWA Treasurer:**

Jacque Forrest  
9430 Spring Hollow Dr.  
Austin, TX 78750