

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

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

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

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

\_\_\_\_\_  
Street

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

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

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

Please indicate expense category

**BCCWA General Fund**

**BCCWA Scholarship Foundation**

(No Sales Tax will be Reimbursed)

President/President Elect  
Communications  
Development  
Membership  
Program  
Recording Secretary  
Treasurer

Chair  
Treasurer  
Meeting Raffles  
Scholarships  
Awards Banquet  
Special Events  
Other

**Market Days**  
Communications  
Pantry  
Raffle  
Brochures  
Silent/Live Auctions  
Vendors  
Correspondence  
Other

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

Jacque Forrest  
9430 Spring Hollow Dr.  
Austin, TX 78750