



Democratic Women's Club of Florida, Inc.
62th Annual Convention



REQUEST FOR PAYMENT/REIMBURSEMENT FORM

To: (who receives check) _____

Address of receiver _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Approved by (B. Grimm or S. Newman) _____

Expenses: Please be as specific and provide as much detail as possible.

Description	Reason	Amount

Reimbursement or Payment Total: _____

Date _____

Receipts Attached ____yes ____no

Mail To: Barbara Grimm
1605 W. French Ave
Orange City, FL. 32763

Or Email to: barbaragrimm@brighthouse.com

FOR CONVENTION USE ONLY:

B. Grimm or S. Newman Signature _____

Check number _____