

***Bolton Women's Club, Inc.***  
***Request for Reimbursement***

To ensure prompt payment and facilitate accounting, please submit as soon as possible but within 30 days of the completion of the BWC event. Please complete this form in its entirety, and neatly attach the receipts. Payment will be made within 2 to 3 weeks after the treasurer receives the completed form.

Member Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Member Address: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Date of Purchase	Vendor/Store	Description of Expense	Amount to be Reimbursed

**Total Expenses Submitted for Reimbursement:**      \$ \_\_\_\_\_

**BWC Account: Operating**  
Long Term Project  
Family Day

Check Number: \_\_\_\_\_

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

Submit completed form to:  
Noreen B Carpenter  
3 Valerie Drive, Bolton, CT 06043-7847  
Phone 860 646 778 FAX 860 646 7708