GFWC Mount Diablo District Check/Reimbursement Form

— Attach all Bills and Receipts to Reverse Side of this Form —

(PLEASE PRINT CLEARLY)

Issue Check to:	**Date:**
Mail Check to:	
Address:	
Contact Phone Number:	
Requested Amount:	
In Kind Donation:	

Amenities

Supplies	$
Postage	$
Memorials	$
	$

President, 1st Vice, 2nd Vice

Lodging	$
Meals	$
Travel	$
Mileage	

Convention/Art Festival

Facility Rental	$
Meals	$
	$

Other Expenses (Be Specific)

	$
	$
	$

Program

Speaker Stipend	$
Speaker Meal	$
	$

Send copy to Director of Finance:

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ÕÛÐÖÊÏ " ЈNKkγЈNıkγlЈN
ЈNlkıƛkƛıKKKƛ
ËÐÝÌÕÓÈËàɑàÈÏÖÖ̃ÊÖÔ

Submit this form to Treasurer:

2ÜÚÈÕ3ÏÖÔÈÚ
hlklш' ÌÐËÌÓÉÌÙÎшWay
Lodi, 95242
209-327-8536
sannnthomas@gmail.com

For Office Use Only
Date Processed: _____

Check # _____ Initials: _____

REVISED: 06.01.2026