

Texas Federation of Republican Women PAC
1108 Lavaca, Suite 505
Austin, Texas 78701
512-477-1615 (Office)
512-480-0709
tfrw@tfrw.org

Expense / Reimbursement Voucher

Name: _____ Date: _____

Address: _____ City/ZIP: _____

Phone: _____ Email: _____

I have incurred the following expenses on behalf of the Federation.

I request reimbursement of \$ _____ I do NOT request reimbursement _____

If total is greater than \$100 (\$50 for District Directors) I obtained the President's approval prior to the expenditure. Written documentation is attached.

On Date: _____ I paid \$ _____ to:

Name: _____ (if individual, Occupation): _____

Address: _____ City, State, ZIP: _____

For: _____ Purpose: _____
(office held or project or event) (postage, copies, telephone, etc.)

On Date: _____ I paid \$ _____ to:

Name: _____ (if individual, Occupation): _____

Address: _____ City, State, ZIP: _____

For: _____ Purpose: _____
(office held or project or event) (postage, copies, telephone, etc.)

On Date: _____ I paid \$ _____ to:

Name: _____ (if individual, Occupation): _____

Address: _____ City, State, ZIP: _____

For: _____ Purpose: _____
(office held or project or event) (postage, copies, telephone, etc.)

Signed: _____ Date: _____

Approved: _____ Date: _____