



Douglas County Democratic Women Expense Reimbursement Form

Date _____

Amount _____

Check requested by: _____

For item or expense: _____

Receipt attached: YES NO If no why: _____

Chair
approval _____

Was this expense budgeted? _____

Purpose _____

Approved in Executive Committee: _____ Date _____

Approval by DCDW Officer: _____

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DCDW Check # _____

Date _____

Signature of Treasurer _____