

Texas Federation of Republican Women PAC
13740 N. Highway 183, Suite J4
Austin, Texas 78750-1832
512-477-1615
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, Project, or Event) (Postage, Copies, Telephone, etc.)

On Date: _____ **I paid \$** _____

To (Name): _____ **(If individual, Occupation):** _____

Address: _____ **City, State, ZIP:** _____

For: _____ **Purpose:** _____
(Office held, Project, or Event) (Postage, Copies, Telephone, etc.)

On Date: _____ **I paid \$** _____

To (Name): _____ **(If individual, Occupation):** _____

Address: _____ **City, State, ZIP:** _____

For: _____ **Purpose:** _____
(Office held, Project, or Event) (Postage, Copies, Telephone, etc.)

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____