

Texas Federation of Republican Women PAC

**PO Box 171146
Austin, TX 78717-0041
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:** _____