

Episcopal Church Women

Authorization for Payment/ Reimbursement of Expenses

Submit to ECW Box at church or Lauren Wierman - lswierman@aol.com

Date: _____

Description: (i.e. Parish Dinner, Food and Fellowship, Linens) _____

Requested Amount: \$ _____

Receipts Attached: Yes _____ (list with amounts)

Signature of ECW Member: _____

Printed Name of ECW Member: _____ phone _____

Make Check Payable to: _____

Mailing Address: _____

Reimbursement/Advance Approved: \$ _____

ECW Officer Signature

Date Paid: _____ Check # _____