

WOMEN'S CLUB OF RICE UNIVERSITY

Check / Reimbursement Request from Women's Club Funds

Fund Number - A06593 — Organization Number - 659300

(Please Print)

Request Submission Date: _____

Name of person to be reimbursed:

_____ Social Security: _____

Address: _____

Committee / Purpose / General Description of Expenditure:

Please list details and attach receipts of expenditures to the back of this form.

Total Amount: _____

Signature _____

Special Instructions _____

Authorization: _____ Date: _____

(Signature/date)

Revised 11/2018