

# GMRW Expenditure Reimbursement Request Form

Return Completed Form with receipts to:

Granite Mountain Republican Women  
PO Box 25290  
Prescott Valley, AZ 86312

Date:	
Name:	
Address:	
City, State, Zip Code:	
Phone:	
Email:	
Office/Committee:	
Event:	

Description	Amount
<b>Total</b>	

**Office Use ONLY**

Date Received: \_\_\_\_\_ Reimbursement Amount \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_