

Pacific Beach Woman's Club
EXPENSE REIMBURSEMENT REQUEST

From: _____

Approved by: _____

Date: _____

Payable to: _____

Address: _____

Event: _____

Amount: _____

Describe purchase
and/or
payments: _____

- Must be approved by PBWC president before submitting.
- Please scan or photograph receipts and snail-mail or email, along with form. Thank you!

SUBMIT TO:
Liz Segre
5172 Castle Hills Drive
San Diego, CA 92109

Phone: (215) 740-6155

Email: LizSegre@icloud.com

(TREASURER TO FILL IN BELOW)

Paid Date _____ *Check #* _____