

Country Women's Council USA

Date: _____

Name: _____

Address: _____

Position: _____

Item/Event: _____

=====

Lodging: _____

Registration Fee: _____

Transportation: _____

=====

Other Expenses:

Postage: _____

Printing: _____

Supplies: _____

Other: _____

Total: _____

Explanation: _____

Approved: Yes ___ No ___ Date: _____

Approved by: _____

Amount approved: _____

Check # _____ Date: _____

Country Women's Council USA

Date: _____

Name: _____

Address: _____

Position: _____

Item/Event: _____

=====

Lodging: _____

Registration Fee: _____

Transportation: _____

=====

Other Expenses:

Postage: _____

Printing: _____

Supplies: _____

Other: _____

Total: _____

Explanation: _____

Approved: Yes ___ No ___ Date: _____

Approved by: _____

Amount approved: _____

Check # _____ Date: _____