Country Women's Council USA Country Women's Council USA Date:_____ Date:_____ Name: Name: Address: Address: Position:_ Position: Item/Event:_____ Item/Event:_____ Lodging:_____ Lodging:_____ Registration Fee: Registration Fee: Transportation:_____ Transportation:_____ Other Expenses: Other Expenses: Postage: Postage: Printing:_____ Printing:_____ Supplies:_____ Supplies:_____ Other:____ Other:____ Total:_____ Total:_____ Explanation:_____ Explanation:_____ Approved: Yes___ No___ Date: _____ Approved: Yes___ No___ Date: ____ Approved by: Approved by: Amount approved: _____ Amount approved: _____ Check #_____ Check# Date: _____ Date:

Revised 2024 Revised 2024