

**ENCORE OF AVON:**  
**A Farmington Valley Women's Social Group**  
EXPENSE REIMBURSEMENT FORM

BOARD/COMMITTEE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (Check Payee): \_\_\_\_\_

PROJECT/EVENT: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT: \_\_\_\_\_

Authorized by (if other than Payee) \_\_\_\_\_

TOTAL SUBMITTED (**ATTACH RECEIPTS**)    \$ \_\_\_\_\_

TREASURER: CHECK ISSUED: \_\_\_\_\_

DATE: \_\_\_\_\_