

NWC Nearly New Sale  
Expense Reimbursement Form 2011/2012

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

NNS Operating Expense: \_\_\_\_ Community Project Grant: \_\_\_\_

**Breakdown of Expenses:**

- \$ \_\_\_\_\_ Advertising
- \$ \_\_\_\_\_ Banner
- \$ \_\_\_\_\_ Beverage
- \$ \_\_\_\_\_ Copies
- \$ \_\_\_\_\_ Food
- \$ \_\_\_\_\_ Paper
- \$ \_\_\_\_\_ Postage
- \$ \_\_\_\_\_ Supplies
- \$ \_\_\_\_\_ \*Other [Explain below]

\* \_\_\_\_\_

Reimbursement: \$ \_\_\_\_\_

Pay Invoice To: \_\_\_\_\_

Signature : \_\_\_\_\_

For our future project planning did you have any expenses for which you are not asking to be reimbursed? Yes / No                      Approximate amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Staple receipts to form and submit to Joanne Kent, Treasurer at:  
Norwich Women's Club  
P. O. Box 191  
Norwich, VT 05055

Call Joanne at 802 345-8736 (cell) or e-mail [joanne.kent@lmsre.com](mailto:joanne.kent@lmsre.com) with any questions.