

GFWC Florida Federation of Women's Clubs VISA Charge Acknowledgement Form



Name _____ Position _____
 Address _____ Phone # _____
 City _____ ZIP _____ Email _____

Dates covered by attached expenditures

(Please submit once a quarter by the 15th of September, December, March or May unless over \$100. If over \$100, please submit this form immediately.)

Attach ORIGINAL receipts or charge slips with items highlighted or circled.

Expenditure	Amount	Acct #
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

I certify that this is a true and accurate accounting of expenses incurred in carrying out my duties and responsibilities for my position with the GFWC Florida Federation of Women's Clubs.

 Signature of Submitter

This form validates the use of the GFWC Florida VISA card for GFWC Florida expenses. Please retain copies of everything submitted.

Return to: Sara Dessureau, 3936 Southwind Drive, Melbourne, Florida 32904

For Office Use Only:

Account _____ \$ _____
 Account _____ \$ _____
 Account _____ \$ _____

Charge Total \$ _____

Date Paid _____

Authorization _____

Revised 07/12

REPRODUCE AS NECESSARY