



**DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.**

REQUEST FOR PAYMENT/REIMBURSEMENT

To: DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.

From: \_\_\_\_\_ Office/Chair: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Expenses: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

Total: \_\_\_\_\_

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

Receipts Attached:  Yes  No

Mail to: **Marie Varon**  
2430 Ironwood Dr.  
Jacksonville, Florida 32216

Account Charges: \_\_\_\_\_

Check Number: \_\_\_\_\_