

EPISCOPAL CHURCH WOMEN

Diocese of Arkansas

Expense Reimbursement Form

This form is to be completed by ECW Board members requesting reimbursement for approved ECW expenses.

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Office or Committee\_\_\_\_\_

Phone Number\_\_\_\_\_

Email\_\_\_\_\_

Detail of item(s) and amount(s)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Requested \_\_\_\_\_

Please attach copies of receipts and mail with form to ECW treasurer:

Anabelle Steelman

4194 N Hwy 112

Fayetteville AR 72704

Phone: 479-249-4769

anabelle.sb42@gmail.com