

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 no _____ e-mail _____

Detail of item(s) and amount(s): _____

Total amount requested: _____

Please attach copy of receipts and mail form to ECW treasurer:

Mary Ann Arnold
7321 South Q Street
Fort Smith, AR 72903

Phone: 479-452-1359
e-mail: maarnoldgfwc@sbcglobal.net