

**Virginia Federation of Republican Women**  
**EXPENSE REPORT**

**FROM:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**VFRW Office or Member:** \_\_\_\_\_

<b>DISBURSEMENT: (please specify)</b>	<b>AMOUNT</b>
Supplies .....	_____
Postage .....	_____
Printing & Copying ... ..	_____
Memorial/ Tribute .....	_____
Travel .....	_____
Hotel .....	_____
<b>OTHER/EXPLAIN:</b>	
<b>TOTAL</b> .....	_____

**Make Check Payable To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

.....  
**This Form with ORIGINAL RECEIPTS ATTACHED must be sent for approval.**

**Ellen Nau**  
**11113 Savoy Road**  
**North Chesterfield, Virginia 23235**

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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*For VFRW Treasurer USE ONLY*

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date Posted \_\_\_\_/\_\_\_\_/\_\_\_\_