Altrusa of Door County
Member Expense Reimbursement Form

Date of purchase _____ □ Store OR □ Online

(Please attach store receipt OR printed online receipt)

Total amount of expense $_____ □ Credit card OR □ Personal check OR □ Cash

Please check one:

□ Personal reimbursement to Altrusa member

Treasurer to make check payable to:

Name: _____ Address: _____

City, State and Zipcode: _____

Program Expense Category (please check one):

FOUNDATION

_____Printing
_____Professional services
_____Licenses and fees
_____Postage
_____Miscellaneous

Program Expenses

_____MLK Scholarship
_____Literacy for the Blind
_____International Program
_____Reading Friends
_____Born to Read
_____Make a Difference

Holiday Extravaganza

_____Printing
_____Postage
_____Razzle Dazzle
_____Bag Raffle

Holiday Extravaganza, Con't.

_____50/50
_____Raffle tickets
_____Silent Auction
_____Miscellaneous

CLUB

Program expenses

_____District 7 Conference
_____International Conference
_____Fundraising
_____New Member Kits
_____Miscellaneous

Operating Expenses

_____Postage and supplies
_____Printing
_____Memorials/flowers
_____Miscellaneous

BACK TO SCHOOL (Foundation Expense)

School Expenses

_____Backpacks
_____Spirit shirts
_____Prepacked school supplies
_____Shoes and socks
_____Underwear
_____Toiletries
_____Misc. school supplies

Operating Expenses

_____Advertising
_____Postage
_____Office supplies
_____Janitorial services
_____Miscellaneous
_____Printing
_____Other

Foundation Reimbursement Forms to Angie Meacham: PO Box 555, Ephraim, WI 54211
butterak12@hotmail.com
Club Reimbursement Forms to Karen Gosser: 4159 Mathey Rd. Sturgeon Bay, WI 54235
karegosser@yahoo.com

For Office Use Only:

Check amount: $_____ Check #: _____ Date Mailed: _____