



CENTRAL FLORIDA WOMEN'S LEAGUE PAYMENT APPROVAL

CHECK BOX THAT APPLIES:

Member needs to be reimbursed

Date Member Made Payment:

Paid by CFWL Foundation Mastercard, last 4 Digits

Date Credit Card Charged:

Payment needs to be made to vendor

PERSON OR ENTITY TO BE PAID:

Name/Address to Mail Check (Mark N/A if paid on CWFL credit card):

Amount:

Description:

Committee:

Comments:

Committee Chair Approval: _____
Print Name Sign

ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT

TREASURER:

League:

Foundation:

Check #:

Check#:

Amount:

Amount:

Date:

Date: