**Episcopal Church Women**

**Diocese of Arkansas**

**Expense Reimbursement Form**

This form is to be used by ECW Board Members requesting reimbursement for approved ECW expenses.

Name

Address

City, State, Zip

Phone number

Email

Office or Committee

Detail of item(s) and amount(s)

Total Amount Requested

Please attach copies of receipts and send to the ECW Treasurer.

Anabelle Steelman-Berry

4192 N Hwy112

Fayetteville, AR 72704

479-249-4769

[anabelle.sb42@gmail.com](mailto:anabelle.sb42@gmail.com)