The Texas Division
United Daughters of the Confederacy ®

Expense Reimbursement Form

Description	Date	Amount	Total
		Grand Total	

Please Reimburse to: _____

_____

MAIL COMPLETED FORM
WITH ATTACHED RECEIPTS TO:

Jamie Davis
President, Texas Division UDC
1121 Colonial St.
Bellaire, Texas 77401-2303

Approved by _____ Date:_____

Paid Check Number: _____ Date: _____