

AAUW
_____ Branch
Request for Reimbursement

Requestor: _____ Title: _____ Date: _____

Items/Services Purchased or Expenses Incurred (Attach all receipts)	Cost
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_____	_____
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_____	_____
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_____	_____
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Reason for Expenditure: _____ Total: _____

Budgeted Expense: Yes _____ No: _____

Make check payable to: _____

Mail to: _____

Approved by: _____

For Treasurer's Use: Account # _____ Check # _____ Date Paid _____ Initials _____