

## EXPENSE CLAIM FORM

1. Person requesting payment completes form, sign and date your claim
2. Attach any available documentation pertinent to request (cost statement, etc.)
3. Present to treasurer: Edi Taylor-Richards (see Membership Directory for address.)

Name of Applicant: (AAUW member) \_\_\_\_\_

Office/Committee: \_\_\_\_\_

Name & Title of Payee IF other than applicant: \_\_\_\_\_

Address where check should be sent: \_\_\_\_\_

\_\_\_\_\_

<u>Description of Claim</u> (attach receipts)	<u>Amount</u>	<u>Budget Item to be Charged</u> (If known)
Telephone	\$ _____	_____
Postage	\$ _____	_____
Printing	\$ _____	_____
Copies	\$ _____	_____
Other (specify) _____	\$ _____	_____
Other (specify) _____	\$ _____	_____
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ _____</b>	

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR TREASURER'S USE ONLY

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Treasurer/President's Initials or signature: \_\_\_\_\_