

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: Jenine Peterson (address in Membership Directory)

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) _____	\$ _____	_____
TOTAL AMOUNT REQUESTED	\$ _____	

Applicant's Signature: _____ Date: _____

FOR TREASURER'S USE ONLY

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

Treasurer/President's Initials or signature: _____