

American Association of University Women – Prescott Branch 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: Susan Southwick (address in Membership Directory)
4. The Chair of any Board designated committee that is charged with a budget shall see all expenses incurred by that Committee and sign-off on those expenses before submitting the expenses for reimbursement.*

Name of Applicant: (AAUW Member) _____

Office/Committee: _____

Signature of Board Chair if required* _____

Name & Title of Payee IF other than applicant: _____

Address where check should be sent: _____

<i>Description of Claim (attach receipts)</i>	<i>Amount</i>	<i>Budget Item to be Charged (if known)</i>
<i>Telephone</i>		
<i>Postage</i>		
<i>Printing</i>		
<i>Copies</i>		
<i>Other (specify)</i>		
<i>Other (specify)</i>		
TOTAL AMOUNT REQUESTED		

Applicant Signature: _____ Date: _____

FOR TREASURER'S USE ONLY

Date Paid _____ Check # _____ Amount _____

Treasurer/President's Initials or Signature: _____