

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: Elaine Poole or scan and send via email. Addresses in 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:_____

Description of Claim (attach receipts)	Amount	Budget Item to be Charged (if known)
<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:*_____