

AAUW GREENSBORO BRANCH
REIMBURSEMENT FORM SEPTEMBER 2018

Our intent is to ensure financial considerations do not limit your participation and to capture what it cost to run the branch. If you do not need the reimbursement, please take the time to waive reimbursement by completing the in-kind form and claim a contribution.

Date of Expense: _____ **Committee:** _____

Payable To:

Name: _____

Address: _____

City _____ State _____ NC _____ Zip _____

Daytime phone _____

Purpose of Request: _____

Budget Line or Approved by (normally committee chair): _____

Mileage: _____ **Lodging \$** _____

Program Materials _____ \$ _____

Printing _____ \$ _____

Other Explain _____ \$ _____

Adjustment as donation to _____ \$ _____

TOTAL Reimbursement Requested \$ _____

Signed: _____ **Date:** _____

Please return this form with receipts attached to: hofffoush1108@gmail.com

AAUW Greensboro Branch
Attn: Millie Hoffler-Foushee
P.O. Box 10754
Greensboro, NC 27404-0754

Notes or explanation: