

**AAUW GREENSBORO BRANCH**  
REIMBURSEMENT FORM JULY 2021

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](mailto:hofffoush1108@gmail.com)

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

**Notes or explanation:**