

AAUW GREENSBORO BRANCH
REIMBURSEMENT FORM

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: _____

Payable To:

Name _____ Company _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ FAX _____

Purpose of Request:

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

Mileage: _____ **Lodging \$** _____

Other Explain _____ **\$** _____

Other Explain _____ **\$** _____

Other Explain _____ **\$** _____

Adjustment as donation to _____ **Activity \$** _____

TOTAL Reimbursement Requested \$ _____

Signed: _____ **Date:** _____

Please return this form with receipts attached to:

AAUW Greensboro Branch
Attn: Stephanie Taheri
P.O. Box 10754
Greensboro, NC 27404-0754

Phone: 336-339-0926