

**AAUW BALLWIN-CHESTERFIELD BRANCH
REIMBURSEMENT FORM**

***Dated invoices, receipts, and/or other information must
be attached to your request for reimbursement.***

Expenditure Explanation	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT REQUESTED	\$ _____

Make Check Payable To:

Name _____

Address _____

City and Zip _____

Phone _____

Requested By _____

This Reimbursement Form must be signed

Approved By: Dr. A. Patricia Shores, Treasurer _____

Check Number _____ Date Paid _____