

**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: Jean H. Light, Finance Officer _____

Check Number _____ Date Paid _____