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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AAUW (Branch Name)** | | | | | | | | | |
| **Expense Reimbursement Request** | | | | | | | | | |
|  | | | | | | | | | |
| Pay To: |  | | | Date: | | |  | | |
| Street: |  | | | | | | | | |
| City, State, ZIP: |  | | | Phone: | | |  | | |
| Meeting/Project: |  | | | Date: | | |  | | |
| Location: |  | | | | | | | | |
|  | | | | | | | | | |
| **Date** | **Account/Fund** (treasurer will enter) | | **Description** | | | | | | **Amount** |
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| **Total** | | | | | |  |
| All expense receipts must be attached. Submit reimbursement request within 30 days of event. | | | | | | | | | |
| Signed: |  | | | | | Date: | |  | |
|  | Requestor | | | | |  | | | |
| Approved: |  | | | | |  | | | |
|  | Event chair or representative | | | | |  | | | |
|  | | | | | | | | | |
| Treasurer use only | | | | | | | | | |
| Check # or Confirmation #: | |  | | | Date: |  | | Total: |  |