AAUW NC Reimbursement Form

|  |  |  |  |
| --- | --- | --- | --- |
| Payable to: |  | Date of expense: |  |
| Address:  |  |
| Purpose of request:  |  |
| Mileage:  |  | Reimbursement is limited to $.14/mile. |  |
|  | Mileage reimbursement: | $ |
| Lodging:  |  | Reimbursement limited to $55/night |
|  | Lodging reimbursement: | $ |
| Other (explain):  | $ |
| Other (explain):  | $ |
| Other (explain):  | $ |
|  | Total reimbursement requested | $ |

⬜ Check this box to say there’s no need to send a check. Your reimbursement will be entered as a donation to AAUW NC

*Signed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_

Treasurer Use Only

Acct#:

Acct#:

Acct#:

Date:

Check #

*If someone else’s approval is required, you may e-mail this form to them.*

**Return with receipts to:**

Wendy Haner - Treasurer,

5 Kimberly Avenue, Asheville, NC 28804

336-926-4301 cell

wendyhaner@icloud.com

**Notes and additional explanations:**