

AAUW NC Reimbursement Form

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

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:* _____

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:

Treasurer Use Only

Acct#:
 Acct#:
 Acct#:

Date:

Check #