

AAUW NC Reimbursement Form

Date _____

Payable to _____

Address: _____

Mileage _____ limited to \$.14 per mile \$ _____

Lodging as approved by executive board \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total \$ _____

Signed _____ Date _____

Reimbursed date: _____ Check Number _____

Email or mail to:
Millie Hoffler-Foushee, AAUW NC Treasurer
1003 Western Gaines Lane, Apt 1G
Greensboro, NC 27409
hofffoush1108@gmail.com

PLEASE ATTACH RECEIPTS

If donation-in-kind, please indicate