AAUW NC Reimbursement Form – FY27&FY28

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:

Christi Whitworth, AAUW NC Treasurer

103 Driftstone Cir, Arden, NC 28704

christi.whitworth@gmail.com or treasurer@aauwnc.org

PLEASE ATTACH RECEIPTS

If donation-in-kind, please indicate