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:**