

**AAUW**

**Reimbursement Voucher**

**Tacoma Branch**

**PART A:** *to be completed by person requesting payment/reimbursement*

**Payee:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| <b>Date of Expenditure</b> | <b>Explanation</b> | <b>Amount</b> |
|----------------------------|--------------------|---------------|
|                            |                    |               |
|                            |                    |               |
|                            |                    |               |
|                            |                    |               |

**Attach any receipts to this form. If not available, then please give a brief description of expense, including vendor, purpose, and date.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART B:** *to be completed by branch treasurer*

**Date Paid:** \_\_\_\_\_

**Budget Category(s):**

**Amount:** \_\_\_\_\_

**Check #:** \_\_\_\_\_