

**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN ARIZONA**

**EXPENSE CLAIM FORM**

Fill out form, being sure to sign and date. Attach all receipts if available.

Mail with attached receipts to: Gail Garrison AAUW-AZ Treasurer  
1931 E. Canyon Wren Way  
Green Valley, AZ 85614  
Questions: gmgaz@cox.net

Name of Applicant \_\_\_\_\_

Office/Committee \_\_\_\_\_

Description of Claim (attach receipts)

Budget item to be charged	Date	Cost
Telephone/FAX _____	_____	\$ _____
Printing (copies, etc.) _____	_____	\$ _____
Supplies (paper, etc.) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
	<b>SUBTOTAL</b>	\$ _____

Travel: Miles (round trip) \_\_\_\_\_ x \$.25/mile \$ \_\_\_\_\_

Date of Trip \_\_\_\_\_ Passengers name(s) \_\_\_\_\_

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please remit within 30 days of incurring expenses. Any claim over 45 days old will NOT be paid.**