

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN ARIZONA

EXPENSE CLAIM FORM

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

Mail or email with attached receipts to: Sandra Williamson AAUW-AZ Treasurer
2569 Leisure World
Mesa, AZ 85206
Questions: swvistas@gmail.com or 425-533-5770

Name of Applicant _____

Office/Committee _____

Description of Claim (attach receipts)

Budget item to be charged	Date	Cost
Printing (copies, etc.) _____	_____	\$ _____
Supplies (paper, etc.) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
SUBTOTAL		\$ _____

Travel: Miles (round trip) _____ x \$.335/mile \$ _____

Date of Trip _____ Passenger name(s) _____

Destination _____

Purpose _____

TOTAL \$ _____

Make Check Payable to _____ Date _____

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.

Treasurer: Check # _____ Date _____