American Association of University Women – Scottsdale Branch

EXPENSE CLAIM

All expenses must be accompanied by receipts or invoices and submitted to the Treasurer within 30 days of incurring the expense.

Please complete and sign this form and send to the Treasurer.

Helen Frantz
(See Directory for mailing address)

Name ____

Address ____

Position ____________________________________

Charge expense to (circle one):

Directory / General Mtgs-Program / Membership / Newsletter / President Discretionary / Supplies-Postage / Web Site / Fund Raising

EXPENSE

Mailing	**$** ____________
Copies/Printing	**$** ____________
Food	**$** ____________
Other	**$** ____________ **(Specify below)**
	$ ____________

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TOTAL $ _______________

SIGNATURE _________________________________ **DATE** _____________________

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For Processing Use Only

Date Paid ________ **Check Number** ________ **Amount $**_________