

Our intent is to ensure financial considerations do not limit your participation and to capture what it costs to run the state. If you do not need the reimbursement, please do take the time to document expenses and then waive reimbursement and claim a contribution.

REQUEST FOR REIMBURSEMENT

Payable to: _____ Date of expense: _____

Address: _____

Purpose of request: _____

Budget Line or Approved by (normally team leader): _____

Reimbursement is limited to \$.14/mile.

Mileage: _____ *Contact the treasurer to claim actual gas/oil expenses.*

Mileage reimbursement: \$ _____

Lodging: _____ *Reimbursement limited to \$35/night*

Lodging reimbursement: \$ _____

Other (explain): _____ \$

Other (explain): _____ \$

Other (explain): _____ \$

Adjustment as donation to AAUW NC 100 Club: \$ _____

Total reimbursement requested \$ _____

Signed: _____ Date: _____

If someone else's approval is required, you may e-mail this form to them.

Return with receipts to:

Mary Fran Schickedantz, 2809 Watauga Dr, Greensboro, NC 27408-5228
(336) 299-6870, (336) 299-1953 (F), mfs2809@triad.rr.com

Notes and additional explanations:

Treasurer Use Only

Acct#:

Acct#:

Acct#:

Acct#:

Acct#:

Acct#:

Acct#:

Acct#:

Acct#:

Date:

Check #