

AAUW - OML Expense Voucher	Date mailed or submitted: _____
submitted by	phone or email - if I need to reach you

position	Account/ Budget to be charged

Check payable to:

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name/ vendor of expense	
street address	
city, zip	

date of expense	What did you pay for? & attach receipts	Amount

TOTAL==>	
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By VP Finance
 paid with check # _____ Date _____

Please fill out this form, print it, include receipts, and mail to Gail Chesler, 2914 Fyne Dr., Walnut Creek, CA 94598 or bring someplace where you know she'll be.

Please keep your copy of the voucher until you are reimbursed.