

Date mailed or submitted:

AAUW - OML Expense Voucher

submitted by phone or email - if I need to reach you

position Account/ Budget to be charged

check payable to:
address:

name/ vendor of expense *not needed unless you're*
street address *asking me to send the*
city, zip *check to someone else.*

date of purchase	who did you pay? (and attach receipts)	amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL==>

by VP Finance Date
paid with check #

Please fill out this form, print it, include receipts, and mail or email to Marielle Boortz per her contact info in the AAUW OML directory

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