**AAUW LAKE SUMTER BRANCH EXPENSE VOUCHER**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT REQUESTED: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE OF EXPENSE:**

**PAY FROM WHICH ACCOUNT?**

**ACCOUNT CHAIRPERSON NAME AND AUTHORIZATION:**

**YOUR NAME:**

**YOUR ADDRESS (if requesting reimbursement be mailed to you):**

**Attach all receipts and deliver to Branch Co-Finance Director. Electronic submission is acceptable**

**(**[**taborpeg@gmail.com**](mailto:taborpeg@gmail.com)**)**

**If this is an in kind donation, you are not requesting reimbursement. Initial here to indicate your agreement.**

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**Co Finance Director Completes:**

**Date Paid: Check Number: Amount:**