

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN – BALTIMORE BRANCH
Expense Vouchere Reimbursement and Third Party Payment Form

Office/Committee: _____

Make check payable to: _____

Address: _____

Date Submitted: _____ Authorized by: _____

Date	Description	Sub-Total
	TOTAL REIMBURSEMENT	

Please make two copies:

Submit one to AAUW Baltimore Treasurer, Christine Schmitz, 5925 Grace Lee Avenue, Sykesville, MD 21784

Keep one for your files

Attach receipt(s)

For Treasurer’s Use: Check No. _____ Amount Paid _____
 Date Paid _____ FY Applied _____
 Budget Category _____