INDEPENDENCE
BRANCH

AAUW

**CHECK REQUEST / VOUCHER FOR EXPENSE REIMBURSEMENT**

**CHECK PAYABLE TO** _____

**ADDRESS** _____

_____

**BUDGET LINE ITEM / MANNER IN WHICH EXPENSE WAS INCURRED** _____

_____

**ITEMIZED LIST (Attach receipts if applicable)**

| Date | Item | Cost |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REQUESTED BY** _____

**DATE PAID** _____ **CHECK NUMBER** _____