

UNIVERSITY WOMEN'S FOUNDATION

REQUEST FOR PAYMENT OR REIMBURSEMENT

Please complete and submit this form in a timely manner to:

Vice-President of Finance  
University Women's Foundation  
P.O. Box 644  
Port Townsend, WA 98368

Please attach receipt(s), purchase order or cancelled check (copies OK)

Date \_\_\_\_\_

Name \_\_\_\_\_

Title or Committee \_\_\_\_\_

Telephone Number \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

Send Payment to \_\_\_\_\_

Address \_\_\_\_\_

Payment/reimbursement is for \_\_\_\_\_

Amount \$ \_\_\_\_\_

Comments or explanation \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date paid \_\_\_\_\_

Voucher # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Paid by \_\_\_\_\_