

Voucher # _____

AAUW Port Townsend Branch

REQUEST FOR PAYMENT OR REIMBURSEMENT

Please complete and submit this form to:

AAUW
PO Box 934
Port Townsend, WA 98368

Attach receipt(s), purchase order or cancelled check or credit card statement (copies acceptable). Documentation is required for payment.

Date _____

Name of Person requesting payment _____

Title/Committee _____

Your telephone number _____

Make check payable to _____

Send payment to _____

Address _____

Payment requested for _____

Amount \$ _____

Comments or explanation _____

DO NOT WRITE BELOW THIS LINE

Date Paid _____

Account _____

Amount \$ _____

Check # _____

Paid by _____