AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
Ohio

VOUCHER NO. _____

**Make check payable to:**

*Name:* _____

*Address:* _____

*City, ST ZIP* _____

**Reimbursement Requested by:**

*Name:* _____

*Phone:* _____

*Signature* _____

*Date*

| Date of Expense | Explanation of Expense | Project | Amount | Reimbursed Amount |
|---|---|---|---|---|
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***RECEIPTS ARE REQUIRED FOR PAYMENT***

***TOTAL***

**APPROVAL:** _____ ***President, AAUW/Ohio*** ***Date:*** _____

***FOR USE BY AAUW/OHIO FINANCE OFFICER ONLY***

| Budget Line Item | Check No | Check Date | Check Amt | COMMENTS: |
|---|---|---|---|---|
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**Sign and send first two copies (white and yellow) to President. Retain third copy (pink) for your records. President will forward vouchers for payment.**