



Palm Springs Branch AAUW

## Check/Reimbursement Request

*Please Print*

Date Submitted: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Contact Info: (email or phone) \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Date	Item/Purpose	Amount

Supporting Information:

Please attach receipt/documentation for each item. Thank you.

Date Paid	Check #	Amount	Acct.	Paid by