

North Hills-McKnight AAUW Check Request

Requestor _____ Date _____

Office/position _____

Payee: "Self" or Name _____

Address (if needed) _____

Purpose of expense(s) _____

Please attach all receipts by stapling or taping them to the back; attach additional pages if needed. Normally receipts or other documentation are required for all expenditures/reimbursements; if not available, please explain.

<u>Item</u> (No need to itemize items purchased together for same purpose)	<u>Amount</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

Signature _____

Treasurer's records:

Date Paid _____

Check # _____

Board Approval (if needed):
