

Attach
Receipts
Here

**American Association of University Women
St. Lawrence County Branch, NY State
* 2010 EXPENSE VOUCHER ***

A. ASSIGNED BUDGET EXPENSE

Budget Code	Description	Duplication	Postage	Phone	Other (Itemize on the back & attach receipts)	Total
					(A) SUB-TOTAL:	\$

(B) SUB-TOTAL \$ _____

B. OTHER (explain on back)

(A+B) TOTAL \$ _____

All expenses must include documentation. Non-documented vouchers must be co-signed by the Branch President.

Send voucher to: AAUW Treasurer, 50 Bay Street, Potsdam, NY 13676

Account Approved for Payment

President or Treasurer: _____

Account # _____ Amount _____

Account # _____ Amount _____

Account # _____ Amount _____

Check No. _____ Date: _____

Date Posted: _____

Board/Committee Member (print)

Name: _____

Position: _____

Address: _____

Phone Number: () _____

E-mail: _____

Date: _____

Signature: _____