

Attach  
Receipts  
Here

## American Association of University Women St. Lawrence County Branch, NY State

### 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 PO Box 909, Potsdam, NY 13676-0909.

#### 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: \_\_\_\_\_