



# AAUW – New Mexico

## REIMBURSEMENT REQUEST

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

### EXPLANATION OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AMOUNT OF REQUEST:

\_\_\_\_\_

Please attach receipt when possible.

SEND OR GIVE TO:      Finance Officer

Thank you for your cooperation.

Reimbursement:    Date \_\_\_\_\_    Check # \_\_\_\_\_    Signed \_\_\_\_\_