

## AAUW Florida EXPENSE Form

Date\_\_\_\_\_

PAY TO:

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_Zip\_\_\_\_\_

AAUW Florida Budget Category

\_\_\_\_\_

Expenses (attach documentation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed:\_\_\_\_\_

\_\_\_\_\_

FOR TREASURER TO COMPLETE:

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Amount\_\_\_\_\_