

**POUGHKEEPSIE BRANCH OF THE
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.**

**Reimbursement/Payment Request Voucher
Debit Card Transaction**

Please use one form per mailing address. For Debit Card transaction, you only need to fill out Payee, Date, AAUW account, Vendor, Item, and Amount.

Receipts or invoice must accompany this form and be received within 30 days of purchase. Debit card information should be sent as soon as the transaction has been processed.

Return this form to:

Diane Jablonski, Treasurer, 41 Parkwood Blvd, Poughkeepsie NY 12603

Check one: Reimburse Member _____ Pay Invoice _____ Debit Card _____

Payee _____ Date _____

Address where check will be sent: _____

<u>AAUW account</u>	<u>Vendor</u>	<u>Item</u>	<u>Amount</u>
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Total..... _____

REQUESTOR'S SIGNATURE _____

AUTHORIZED SIGNATURE _____

Treasurer or President

For Treasurer's use: Paid by check# _____ Date Paid _____