

**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 our 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, 5 Merlot Drive, Apt 536, Highland, NY 12528

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total..... _____

REQUESTOR'S SIGNATURE _____

AUTHORIZED SIGNATURE _____
Treasurer or President

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