



VOUCHER/CHECK REQUEST FORM

AAUW – Lombard Branch

Check to be paid/delivered to: _____

Check No.	_____
Date	_____
Amount	_____
Fund	_____

Amount: \$ _____ Category: _____

Description of Expense: _____

Amount: \$ _____ Category: _____

Description of Expense: _____

Requested by: _____ Date: _____

Signature

Please tape your receipts to the bottom of this page and/or the back.

Categories:		
Booksale – Appraisal	Delegate Exp. – State	Newsletter
Booksale – Cleanup	Dues	Officer Expense
Booksale – Publicity	Insurance	Programs
Booksale – Rent Dues	LAF	Public Policy
Booksale – Supplies	Latina Conference	Rent
Booksale – Teens	Local Scholarships	Scholarships
By-Laws	Membership	Social & Hosp.
Cash	Memorials	Transfer
Contributions	Miscellaneous	Yearbook
Delegate Exp. – Natl.		