

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN ARIZONA

EXPENSE CLAIM FORM

Fill out form, being sure to sign and date. Attach all receipts if available.

Mail with attached receipts to:                   Ana Nygren AAUW-AZ Treasurer  
5448 N Crescent Hill Place  
Tucson, AZ 85718  
For questions, email [treasurer@aauwarizona.org](mailto:treasurer@aauwarizona.org)

Name of Applicant \_\_\_\_\_

Office/Committee \_\_\_\_\_

Description of Claim (attach receipts)

Budget item to be charged	Date	Cost
AZ Sun Printing/Mailing _____	_____	\$ _____
Printing (copies, etc.) _____	_____	\$ _____
Supplies (paper, etc.) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
	<b>SUBTOTAL</b>	<b>\$ _____</b>

Travel: Miles (round trip) \_\_\_\_\_ x \$.27/mile

Date of Trip \_\_\_\_\_ Passenger name(s) \_\_\_\_\_

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

**TOTAL**                   **\$ \_\_\_\_\_**

Make Check Payable to \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**Please remit within 30 days of incurring expenses. Any claim over 45 days old will NOT be paid.**