

**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 via email along with copies of scanned receipts to dlijab@live.com **OR** via mail with copies of all receipts included and taped on a letter size paper to:

Diane Jablonski, 5312 Merlot Drive, Highland NY 12528

Information on filling in and mailing this form all by email can be found [HERE](#)

Check one: Reimburse Member Pay Invoice Debit Card

Payee: Date:

Address where check will be sent:

Phone:

<u>AAUW account</u>	<u>Vendor</u>	<u>Item</u>	<u>Amount</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total.....

REQUESTOR'S SIGNATURE

I understand that by typing my name, I am electronically signing this document. **PHONE**

AUTHORIZED SIGNATURE

Treasurer or President

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