



FALLS CHURCH AAUW
EXPENSE REIMBURSEMENT FORM

Account Charged: Regular Operating
 Book Sale

Reimbursement Paid to: _____

Reimbursement Amount: _____

Date Purchased: _____

Items Purchased* (describe): _____

*If multiple items are purchased for different activities, please provide amounts paid for each activity, i.e.\$5 for membership materials, \$10 for hospitality items.

PLEASE ATTACH PURCHASE RECEIPTS TO THE FORM WHEN SUBMITTED

Treasurer Use Only

REGULAR OPERATING ACCOUNT

Check Details

Payee: _____
Date Paid: _____
Check# _____
Amount: _____

Expense Category:

- Administration
- Hospitality
- Membership
- Program
- Community Center
- Community Outreach
- Gift Basket
- Scholarship
- Miscellaneous

BOOKSALE ACCOUNT

Check Details

Payee: _____
Date Paid: _____
Check# _____
Amount: _____

Expense Category:

- Insurance
- Gym & Table Rental
- Publicity (ads, bookmarks etc.
- Move to/from FC Com. Ctr, tips
- Sorting/Set-Up Food
- Credit Card Fees
- Sale Days Supplies(food, brochures, etc.)