

REQUEST FOR PAYMENT

American Association of University Women
Georgetown Branch

Make Check Payable To: _____

Date	Item Purchased/Reason	Budget Category	Amount
Total			

Please attach all invoices, receipts, and other pertinent documents to support the payment.

Signature of Committee Chair for Type of Payment DATE

Signature of Member Requesting Payment DATE

Approval and Distribution

Budgeted Item(s) _____ YES _____ NO

If budgeted item exceeds the budget by \$50 or more or if the item is not budgeted Board approval will be required.

Signature of Treasurer _____

Date Approved _____ Date Paid _____ Check Number _____