



## Deposits/Reimbursements Request Form 2018-2019

Date: \_\_\_\_\_

**DEPOSITS:**

*Please circle to and/or from which of the following FUNDS the monies and/or receipts enclosed should be deposited and/or reimbursed.*

Fund	Particulars	\$	Comments
AAUW Funds	AAUW Fund (#9110)	<input type="checkbox"/>	
	Educational Opportunities Fund (#4336)	<input type="checkbox"/>	
	Eleanor Roosevelt Fund (#9170)	<input type="checkbox"/>	
	Leadership Programs Fund (#4339)	<input type="checkbox"/>	
	Legal Advocacy Fund (#3999)	<input type="checkbox"/>	
	Public Policy Fund (#4337)	<input type="checkbox"/>	
<b>B. Newachek Memorial Fund</b>		<input type="checkbox"/>	
<b>Conferences &amp; Conventions</b>		<input type="checkbox"/>	
<b>GENERAL</b>		<input type="checkbox"/>	
<b>Local Scholarships</b>		<input type="checkbox"/>	
<b>Social</b>		<input type="checkbox"/>	
<b>Tech Trek</b>		<input type="checkbox"/>	
<b>Other</b>		<input type="checkbox"/>	
<b>Total</b>			

**REIMBURSEMENT REQUEST(S)**

- Check Payable To (Name): \_\_\_\_\_
  - Street Address: \_\_\_\_\_
  - City, State, Zip: \_\_\_\_\_
- Requested By (Name): \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
- *Please attach all receipts and annotate where necessary.*

**ADMINISTRATION**

- *Please forward all deposits and reimbursement requests to Trinkia March, 2018-2019 Treasurer. Please consult the current branch directory for my contact information.*

Date (Deposit or Reimbursement): \_\_\_\_\_

Reimbursement CK#: \_\_\_\_\_

*Thanks so much! Sincerely, Trinkia*