



Deposits/Reimbursements Request Form 2019-2020

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. Newachek Memorial Fund		<input type="checkbox"/>	
Conferences & Conventions		<input type="checkbox"/>	
GENERAL		<input type="checkbox"/>	
Local Scholarships		<input type="checkbox"/>	
Social		<input type="checkbox"/>	
Tech Trek		<input type="checkbox"/>	
Other		<input type="checkbox"/>	
Total			

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