

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN MARYLAND

Expense Voucher

Office/Committee: _____

Make check payable to: _____

Address: _____

Date Submitted: _____ Authorized by: _____

	Description	Sub-Total
Transportation		
Telephone		
Postage		
Office Supplies		
Other		
	Total	

Please make two copies: Submit one to Treasurer. Keep one for your files.

Attach receipt(s) whenever possible

Mileage allowance is \$.40/mile

Treasurer's Records: Check No. _____

Date Paid _____

Amount Paid: _____