

**American Association of University Women – Bethlehem Branch – PA
EXPENSE REPORT**



Name: _____

Address: _____

Phone: _____

Date or Time Period	Category/Program	Description	Amount
		TOTAL	

Receipts: Please attach all applicable documentation.

Mail To: Branch Finance Officer
Beth Corroda 2226 Lafayette Ave. Bethlehem PA 18017

I certify that to the best of my knowledge the expenses stated above are true and in accordance with AAUW policy.

Signed: _____

Date: _____

Business Office Use Only --- Check Number: _____ Check Date: _____
--