



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR EXPENSE REIMBURSEMENT FORM

(Send one copy to the National Secretary and keep one copy for your records)

<i>Name</i>	<i>National Office</i>	
<i>Address</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>	<i>Email</i>	

Please list expenses below along with either the reason or budget category for tracking purposes.
Attach all receipts to this form and mail to the National Secretary.

EXPENSES TO BE CONSIDERED FOR REIMBURSEMENT:

	DATE	REASON/BUDGET CATEGORY	AMOUNT	RECEIPT Y/N
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
5.	_____	_____	\$ _____	_____
6.	_____	_____	\$ _____	_____
7.	_____	_____	\$ _____	_____
8.	_____	_____	\$ _____	_____
9.	_____	_____	\$ _____	_____
10.	_____	_____	\$ _____	_____
11.	_____	_____	\$ _____	_____
12.	_____	_____	\$ _____	_____
13.	_____	_____	\$ _____	_____
14.	_____	_____	\$ _____	_____
15.	_____	_____	\$ _____	_____
TOTAL REIMBURSEMENT:			\$ _____	

I certify that all expenses listed above were incurred for the benefit of the National Auxiliary to Sons of the Union Veterans of the Civil War and I request to be reimbursed for these expenses.

<i>Signature</i>	<i>Date</i>
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