



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

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

Name \_\_\_\_\_ Office \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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

### EXPENSES TO BE CONSIDERED FOR REIMBURSEMENT:

	Dates of Expense(s)	Purpose for Expenditure(s) Give detailed reasons for all expenditures	Amount	Receipt Y/N
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
9			\$	
10			\$	
TOTAL REIMBURSEMENT			\$	

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

Prepared by (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Secretary Signature: (Requisition No): \_\_\_\_\_

\_\_\_\_\_

President Signature:

\_\_\_\_\_

To be completed by Treasurer:

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

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_