



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 # _____