

UNIVERSITY WOMEN'S FOUNDATION
REQUEST FOR PAYMENT OR REIMBURSEMENT

Please complete and submit this form in a timely manner to:

Vice-President of Finance
University Women's Foundation
P.O. Box 644
Port Townsend, WA 98368

Please attach receipt(s), purchase order or cancelled check (copies OK)

Date _____

Name _____

Title or Committee _____

Telephone Number _____

Make Check Payable to _____

Send Payment to _____

Address _____

Payment/reimbursement is for _____

Amount \$ _____

Comments or explanation _____

DO NOT WRITE BELOW THIS LINE



Date paid _____ **Voucher #** _____

Amount \$ _____ **Check #** _____ **Paid by** _____