



Deposits/Reimbursements Request Form
2022-2023

Date: _____

DEPOSITS:

Please circle to and/or from which of the following FUNDS the monies and/or receipts enclosed should be deposited and/or reimbursed.

Table with 3 columns: Fund, Comments, \$ amount. Rows include AAUW Fund, B. Newachek Memorial Fund, GENERAL, Local Scholarships, Social, Tech Trek, Other, and Total.

REIMBURSEMENT REQUEST(S)

Check Payable To (Name): _____

Street Address: _____

City, State, Zip: _____

Requested By (Name): _____

Phone, email, in person: _____

Please attach all receipts and annotate where necessary.

ADMINISTRATION

Please forward all deposits and reimbursement requests to Trinka March, 2022-2023 Treasurer. Please consult the current branch directory for my contact information.

Date (Deposit or Reimbursement): _____

Reimbursement amount _____

CK#: _____

Thanks so much! Sincerely, Trinka