

University of Michigan Faculty Women's Club

Reimbursement Form

Amount	
Budget Category	
Date	
Description	
Purpose	

Make check payable to the following:

Name: _____

Address: _____

Please submit to: FWC Treasurer
P. O. Box 7104
Ann Arbor. MI 48107-7104
OR fwc.treasurer@umich.edu

Please include receipts with your request. You will not be reimbursed otherwise! When submitting via email, please scan or take a picture of your receipts and include with your email.
