

Attach receipts/bill/invoice here

Request for reimbursement

Request to pay bill/invoice

EXPENSE VOUCHER

Event/Committee: _____ Date: _____

Person requesting funds: _____ Phone _____
(person completing form)

Date bill received: _____ Date Due/Date needed _____

Company/Service Provider: _____

Address *(if different than or missing from invoice)* _____

Item Description/Purpose <i>(if not listed on invoice)</i>	Committee/Event	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL REQUESTED \$ _____

Signature of requestee _____

For reimbursements: Check made payable to: same?
Other _____

Make copy for your records before submitting to treasurer. Receipts/Invoice MUST be attached.

Board Decision (as needed): Approved / Denied Date: _____

If denied, why? _____

Board Signatures _____ ; _____ ; _____

Account Line Debited _____

Comments:

Attach duplicate check slip here.