



BPRO Expense Voucher

Date of expense:

Purpose of expense:

Amount requested:

Advance check:

Reimbursement check:

****Please tape all receipts on a page for submission. Please identify what the reimbursement covers.**

If reimbursement is for committee or PD meeting, please specify date meeting was held:

Signature: _____

Date: _____

Fax to [434-392-8453](tel:434-392-8453) c/o Deana Bennett with copies of receipts