



EXPENSE VOUCHER

Date of expense: _____

Detailed Purpose of expense: _____

Amount requested:

A. Disbursement of obligated funds: _____

B. Reimbursement check: _____

Please attach all itemized receipts. Please identify what the reimbursement covers.

A copy as designated is attached.

Signature

Date

PD/Officer/Committee

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

Fax to _____ with copies of receipts
Name and fax number of organization Treasurer