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**BPRO Expense Voucher**

**Date of expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advance check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reimbursement check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If reimbursement is for Committee or PD Meeting, specify date the meeting was held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Fax to (434)392-8453 c/o Deana Bennett with copies of receipts**

4/2018