

Reimbursement Voucher

Please attach your bills or receipts to this voucher for purchases made. Receipts can not be over 3 months old.

Name _____ Committee/Office _____

Phone _____ Date _____

Explanation of Bill (List Each Item)	Amount	Committee/Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Reimbursement _____

Signature of person submitting bill: _____

Make check payable to: Same as above Other _____

Return to committee or mail to _____

Payment made for **Fundraiser Expense** ____ **Direct Expense** ____ **Money Out** ____

Committee Chair Signature _____

Treasurer Use Only

Check # _____ Date of Check _____ Check Amount _____

Committee/Account Charged	Amount
_____	_____
_____	_____
_____	_____

Treasurer Signature _____