



EXPENSE VOUCHER FORM

COMMITTEE/EVENT: _____

I am submitting the following expense(s) to the Treasurer for payment/reimbursement:

DATE	VENDOR	ITEM(S) PURCHASED	COST
1)			
2)			
3)			
4)			
5)			
6)			
7)			
TOTAL AMOUNT SUBMITTED:			

SUBMITTED BY: _____ (Print Name)

_____ (Signature)

PHONE NUMBER: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

SEND PAYMENT TO: (PICK ONE)

- SUBMITTER VIA CHILD'S TEACHER: _____
- SUBMITTER - (Specify) _____
- VENDOR (Attach Invoice or write address)

PLEASE ATTACH ALL **ORIGINAL** INVOICES, RECEIPTS, BILLS FOR REIMBURSEMENT.
Keep photocopies for your records. Line out any confidential information on receipts such as credit card account numbers, non related charges, etc.