

Check #: \_\_\_\_\_

### REIMBURSEMENT VOUCHER

Please attach your receipts to this voucher for purchases made. fill out Part A of the form below and submit to Treasurer for payment. Thank you.

#### PART A

Name: \_\_\_\_\_ Committee: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Total Amount of Requested Reimbursement: \$ \_\_\_\_\_

Signature of Person Submitting Request: \_\_\_\_\_

Make Check Payable to: Same? Other: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE!!!**

#### PART B

Check Made Out To: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amt.: \$ \_\_\_\_\_

Committee/Account Charged	Amount
_____	_____
_____	_____
_____	_____

Treasurer's Signature: \_\_\_\_\_