# Reimbursement Voucher

Date: _____

Club: _____

Event or Activity: _____

Pay to: _____

Address: _____ Phone #: _____

_____

| ITEM | PURPOSE | AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | TOTAL AMOUNT | $ |

RECEIPTS Attached? Yes _____ No _____

Approved for payment: _____

Date Paid: _____

Check #: _____

Amount: _____

Account: _____

Check Delivery:

Mailed: _____
Date

Picked up: _____
Signature