

SAMPLE EXPENSE VOUCHER

Date \_\_\_\_\_ Amount \_\_\_\_\_

Payable to \_\_\_\_\_

Budgeted Line Items

\_\_\_\_\_  
\_\_\_\_\_

Itemized Expenditures

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Reimbursement

\_\_\_\_\_  
Approved by appropriate board member

Return check to: \_\_\_\_\_  
(If check is to be mailed, include mailing address.)

**Attach all receipts and invoices**

For Treasurer's use only Check # _____ Date _____
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## Check Request

Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Line: \_\_\_\_\_ Check needed by: \_\_\_\_\_

Description of services: \_\_\_\_\_

Do you have a receipt? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of person requesting reimbursement

\_\_\_\_\_  
Approval of appropriate board member

### Attach all receipts and invoices

_____ Received by Treasurer	_____ Date Processed	_____ Check #	_____ Amount
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