



**VOUCHER**

Original receipts must be attached and committee chair must sign.  
This voucher **MUST BE COMPLETE** before any funds will be disbursed.  
**\*\*Expenses that exceed the approved committee budget will NOT be reimbursed\*\***

This voucher is for a:  Reimbursement  Transfer of funds  Payment

Date: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Check payable to: \_\_\_\_\_

**Expenses (Please itemize):**

_____	_____
_____	_____
_____	_____
_____	_____

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:**

_____	_____	_____
<i>Committee Chair- Print Name</i>	<i>Signature</i>	<i>Date</i>

_____	_____	_____
<i>President (Fin. Sec.)- Print Name</i>	<i>Signature</i>	<i>Date</i>

_____	_____	_____
<i>Treasurer (Fin. Sec.)- Print Name</i>	<i>Signature</i>	<i>Date</i>

**FOR OFFICIAL USE ONLY:**

Approved committee budget: \$ \_\_\_\_\_ Funds remaining before disbursement: \$ \_\_\_\_\_

Reimbursement: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ DST Check# \_\_\_\_\_

Notes: