



PAYMENT OR REIMBURSEMENT VOUCHER

DATE ____/____/____

SUBMITTED BY _____

COMMITTEE OR EVENT _____

ADDITIONAL DESCRIPTION _____

PAY TO THE ORDER OF _____

AMOUNT: _____ APPROVED BY _____

1. PLEASE FILL OUT THIS FORM COMPLETELY.
2. ATTACH RECEIPTS, INVOICES OR CONTRACTS IN ORDER TO RECEIVE PAYMENT OR REIMBURSEMENT.
3. PLEASE WRITE A DESCRIPTION OF DESCRIPTION OF THE RECEOPTS OR INVOICES.
4. SEND OR GIVE THIS FORM WITH THE ATTACHED DOCUMENTS TO THE TREASURER.

FOR TREASURER USE ONLY

CHECK # _____

DATE PAID ____/____/____



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