

Reimbursement Voucher

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

Part A

Name _____ Committee/Office _____

Phone # _____ Date _____

Explanation of Bill
(List each item)

Amount

Committee/Event

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Reimbursement _____

Signature of person submitting bill: _____

Check made Payable to: Same? Other? _____

DO NOT WRITE BELOW THIS LINE

Part B

Check made out to _____

Check # _____ Check Date _____ Check Amount _____

Committee/Account Charged

Amount

_____	_____
_____	_____
_____	_____

Treasurer's Signature _____