## 301 Farragut Ave., Room #19 Vallejo, CA 94590 (707) 649-3926



## **Expense Voucher**

www.myvea.org vallejoedassoc@gmail.com

## INSTRUCTIONS:

This voucher is to be used to request a check payable to only one person or company. Multiple types of expenses can be reimbursed on one voucher, provided that it is payable to only one person/company.

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ТО	BE REIMBURSE	ED:	
♦	All receipts must All items must ha Leave detailed de President must si	ve authorization <u>before</u> being purchased escription of items to be reimbursed	
Subr	nitted By:	(Member Name) Site:(Member's School	
		(Member Name) Site:(Member's School	Location)
Date	Submitted:		
Make	Check Payable	to:(Please print clearly)	
Maili	ng Address:	neck:   Mail Check:  Return Check to Office:	
em	Purchase Date	Description	Amount
1			
2	·		
3			
4			
		TOTAL	
		FOR OFFICE USE ONLY	
_			

Date Issued	Check #	Total Cost	Account

Approved	Bv:	