

Branch Expense Voucher

Please print, complete form and submit to Treasurer; Dr. Cynthia Harlan

EVENT DATE _____

Expenses for the above event are hereby submitted to the treasurer for reimbursement. Receipts for out of pocket expenses are included.

EXPENSES AMOUNT

Event Mementos (Ribbons) _____

Facility Rental/Application Fee _____

Gifts _____

Guest Speaker(s) _____

Hospitality _____

Postage _____

Printing/Photocopies _____

Other (Specify) _____

TOTAL _____

Submitted & Received by: _____

Treasurer's Note:

CheckNumber/Account: _____

Date: _____

Treasurer Initial _____