



Glen Region SCCA, Inc. EXPENSE VOUCHER

Complete this form. Print clearly and attach receipts to the back. Incomplete submissions may delay reimbursement.

Name:	Phone:
Address:	

CHECK ONE:	<input type="checkbox"/> Out-of-pocket receipts attached	<input type="checkbox"/> Vendor to mail invoice (attach packing list if available)	<input type="checkbox"/> Invoice attached	For Treasurer's Use ONLY
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Reason for this purchase (one category per voucher). BE SPECIFIC (i.e. list the Specialty, Event, Committee, etc.):			Check #:
Vendor Name	Item Description	Amount	G/L #s
TOTAL (Leave blank if unknown because vendor is sending invoice):		\$	Paid: \$
Signature:		Date:	Date:

NOTE: This voucher is for expendable items only. The purchase of Club assets MUST be pre-approved by the Board of Directors.

Submit the original (white copy) to the Treasurer. Keep the carbon (yellow copy) for your files.

