

Expense Voucher

Member Name:Address:			
Purchased From:		Date:	
Address:			
		Items for in	ventory marked **
Expensed Item	Purpose		Amount
			(Purchase information)
Please Attach Receipt			(Approval Information)
Total Disbursed:		Check Number:	
Account:		Date:	
Treasurer:		Approved by:	
**Any new items for inventory the i	nformation must be sent to the clu	ub trustee so it can be added to the invento	ry list. Sent

Please ask your treasurer for the proper procedures and methods for submitting expenses. All expenses must be for the specific benefit of the membership and be for educational, scientific, or public service purposes to carry out the requirements as set in the by-laws and IRS rules for 501(c)3 corporations.

Rev. 4/2021