

EXPENSE VOUCHER

Date _____

CHECK PAYABLE TO:

MAIL TO:

Name: _____

Address: _____

City: _____

State _____ Zip _____

Account Number

Team/Group

Use

Amount

_____ \$ _____

Requested By: _____ Approval: _____ Total Amount \$ _____

Team/Group Chair

All Requests submitted must be signed, have the proper account number you wish to use for the payment, and the receipt from the store where purchased. Requests must be submitted within 2 weeks of purchase.

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