

Expense Voucher



☐ Reimbursement
☐ Vendor Payment
☐ Credit Card

Name: _____
 Address: _____
 City, St, Zip: _____
 DATE: _____ Signature: _____

Staple a copy of purchase receipt for each item to back of form. Submit completed form to SVII BC Treasurer.

Date Purchased	Place Purchased	Purpose	Amount
1.			
Description:			
2.			
Description:			
3.			
Description:			
4.			
Description:			
5.			
Description:			
6.			
Description:			
7.			
Description:			
8.			
Description:			

Approved: _____
Board Member or Director Signature

Date: _____

Subtotal \$ -

Less Advances/Credits \$ -

Total to be Paid \$ -

For Treasurer Use Only

Initials: _____ Date Posted: _____ Check #: _____ Notes: _____