



Reimbursement Voucher

Date of request: _____

VCS Committee or Person: _____

Reimbursement is for what event or material:	Amount
_____	_____
_____	_____
_____	_____

Date of Event/or Material Ordered: _____

- All Receipts are attached.
- Receipts are not available.
This payment is considered an advance and will be justified by receipts.

Requestor: _____

Check Payable to : _____

Mailing Address: _____

City: _____ CA Zip: _____

Budget Line: _____

Approved by: _____ Date: _____

Approved by: _____ Date: _____
(must be approved by two members of the board)

(This area for Valley Choral Treasurer's use)

Date Paid: _____

Notes:

Amount Reimbursed: _____

Budget Line: _____

Check # _____