

SOROPTIMIST INTERNATIONAL OF AUBURN

EXPENSE VOUCHER

(Vouchers submitted with an incomplete name and address or without photocopies of the register receipts will not be paid but returned for correction.)

Payable to: Name: _____

Address: _____

(City, State and Zip Code is required)

Fund: General

Amount Requested: \$ _____

Budget Item: _____

(Where in the budget should funds be taken from, ex. comedy night, dues, newsletter, etc.)

Provide any additional information that would help identify expense:

ATTACH ALL RECEIPTS, INVOICES, TRAVEL VOUCHERS, ETC.**

****A photocopy of all cash register receipts is required.**

PREPARED BY _____ Date _____

SUBMITTED BY: _____ Date _____

(For Board Use Only)

Budgeted Expense? Yes _____ No _____

If Yes: Board Approval/denial date: _____

If No: Date of Board recommendation: _____ Amount recommended: \$ _____

Club Approval/Denial date: _____ Amount approved: \$ _____

Payment made by _____ Signature of Treas/Assist. Treas.)

Date Paid: _____ Amount Paid: \$ _____

Check Number: _____