

Junior Women's Club of Sparta Reimbursement Voucher

All Club Expenditures must be pre-approved by a President (Co-President). Please submit this completed voucher, with receipts, to the Treasurer no later than 30 days after purchase.

Date (Of purchase)	Purchase Location	Items Purchased	Reason for Purchase (Indicate event, purpose)	Amount

Total Reimbursement Amount: _____

Make checks payable to: _____

Are all receipts attached? Yes _____ No _____ Is this for: Game of Chance _____
Regular Reimbursement _____

Explain why no receipts attached: _____

Signature of Requester: _____ Date: _____

President's Signature: _____

For Treasurer's Use Only:

Check #: _____ Check Date: _____
Need additional information. _____ Requested: ___/___/___ Received: ___/___/___