

# EXPENSE REIMBURSEMENT VOUCHER

# Clifton Community

# Woman's Club

**Instructions:** Provide all information requested on the form. Print your name and sign the form. Have your committee chair approve the form. If you are a committee chair, please have the President approve the form. Attach original receipt(s) for expenses. Expenses should be submitted for reimbursement within 30 days of the date that they are incurred.

Expense Item	Budget Account	Amount

**Total:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Approved By**\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title/Committee:** \_\_\_\_\_

**Title/Committee:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Voucher/Check#:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

Clifton Woman's Club, P.O. Box 229, Clifton, Virginia 20124

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