



Expense/Refund Voucher

Fiscal Year: _____

Date of Request: _____

Event/Function: _____

Date of Event/Function: _____

Requestor: _____

Amount of Request: _____

Make Check Payable To: _____

Mail Check To: _____

Reason for Refund (attach receipts, etc): _____

_____ (Signature of Requestor)

_____ (Signature of Chairman)

_____ (Signature of Treasurer)

Date Paid: _____ Check Number: _____

Date Mailed: _____ Given To: _____

Make Copies of This