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## REIMBURSEMENT VOUCHER

Name of Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Address: \_\_\_\_\_

Reimbursement of any expense on behalf of Sioux Falls Regional USBC *must* make use of this voucher form.

1. Return this form with attached receipt(s) to the Association Manager.
2. President and/or Vice-President will approve.
3. Forward approved form along with receipt(s) to the Association Manager.

<u>Type of Expense</u>	<u>Amount</u>	<u>Description</u>
Postage	\$ _____	_____
Telephone	\$ _____	_____
Mileage	\$ _____	_____
Supplies	\$ _____	_____
Lodging	\$ _____	_____
Other	\$ _____	_____
<b>Total</b>	\$ _____	

### APPROVAL:

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

By: \_\_\_\_\_

*print name and title*