

EXPENSE VOUCHER

For treasurer's use only		
South Brunswick Education Association	Voucher No. D _____	
Date: _____	Check No.: _____	Amount: \$ _____
LAFAP Line Item: _____	<input type="checkbox"/> Chargeable	<input type="checkbox"/> Non-Chargeable

PAY TO: (Name-please print) _____

Building _____

ITEMIZED RECEIPTS MUST BE ATTACHED TO THIS VOUCHER

AMOUNT: \$ _____

One receipt per expense voucher

MEMO: *(REASON FOR REIMBURSEMENT)*

Committee: EXEC _____
President: _____
Treasurer: _____