KUTZTOWN ROTARY CLUB EXPENSE & REIMBURSEMENT VOUCHER

Member Name:	
ADDR:	
PH #:	

PURCHASE EXPENDITURES (List each reciept seporatly)

TRANS DATE	VENDOR NAME	PURCHASE DESCRIPTION	(ck) PAY Member:	(ck) PAY VENDOR:	PAYMENT AMOUNT DUE:	BUDGET ACCOUNT CODE:
				TOTAL:	$	

NOTES

Signature: *(above line)* ***Date:*** *above line*

For payment reimbursement it is required for all original expenditure receipts and vendor invoices to be attached to this form when submitting for payment reimbursement.

"NOTE: **VERY IMPORTANT!!** IF THERE ARE ANY VENDORS WHO NEED TO BE PAID DIRECTLY, YOU MUST INDICATE THOSE VENDORS ON THIS FORM BEFORE ITS GIVEN TO THE ROTARY CLUB TREASURER

THIS BOX FOR ACCOUNTING PURPOSES USE ONLY!

KRC TREA REC'D DATE:		KRC PAID DATE:	
KRC APPROVE D DATE:		KRC PAID AMOUNT:	
		KRC CK#	