



LADIES AUXILIARY, K of C #12801

Reimbursement Request Voucher

Please attach all authorized bills/ receipts and submit to the Treasurer for payment.

Treasurer use only

Check # _____

Amount: \$ _____

Date: _____

Date Submitted: _____

Submitted by: _____

Description of Expense: _____

Expense category: _____ Total Amount \$ _____

Make check payable to _____

Address: _____

Authorized by: _____

Attach receipts: