

Check #: _____

REIMBURSEMENT VOUCHER

Please attach your receipts to this voucher for purchases made, fill out Part A of the form below and submit to Treasurer for payment.

Email to cwptaprez@gmail.com. Thank you.

PART A

Name: _____ Committee: _____

Phone #: _____ Date: _____

Explanation of Bill (List Each Item)	Amount	Committee/Event
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Reimbursement: \$ _____

Signature of Person Submitting Request: _____

Address of where to send check: _____

DO NOT WRITE BELOW THIS LINE!!!

PART B

Check Made Out To: _____

Check #: _____ Check Date: _____ Check Amt.: \$ _____

Committee/Account Charged	Amount
_____	_____
_____	_____
_____	_____

Treasurer's Signature: _____