

Staple receipts on back here

Clear Lake Area Panhellenic Association

Reimbursement Voucher

Requested by _____

Mailing address of person making request: _____

City State Zip

Home Phone: _____ Cell: _____

Committee: _____

Description of charges, date paid, and business paid:

Amount: _____ Check payable to: _____

If check is to be mailed to the business, please enclose bill, due date, and address where check is to be mailed.

Signature

Please give or mail this request to: Mary Smith
3206 Acorn Wood Way
Houston, TX 77059

Request should be sent within the month after the expenditure. All requests for completed expenditures should be submitted no later than April 15th, to allow time for setting up next year's budget.

Check # _____
Amount _____
Date Received _____
Date Paid _____