



## REIMBURSEMENT VOUCHER:

(Expenses that you wish to have reimbursed must be pre-approved)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

### Reimbursement for purchases

Description of expenses (receipts required):

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Total Amount: \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_

Receipts:  Yes  No Receipt is Provided

ABOS Finance Committee Approval: \_\_\_\_\_

Approval Date: \_\_\_\_\_