

Expense voucher

Note:

1. Please complete this form, sign, and send it to gaacstreasurer@gmail.com with all receipts for the reimbursement.
2. Please complete the ACS GA event form and upload it to google drive (contact secretary@acsga.org for more information).

Name:

Address (to send the check):

City, State, ZIP:

Phone number:

Name of the committee:

Name of the event:

Allotted budget for the year:

No.	Description	Expense
Subtotal		
(cash advanced)		
Total (owed to you)		

I certify that the expenses claimed on this voucher have not been, nor do I expect to be, reimbursed from any other source for any portion of the net amount claimed from ACS GA.

Signature: _____ **Date:** _____

Payment (To be filled by ACS GA Treasurer)

Total payment authorized:

Date of the check:

Approval signature: