

## Expense Voucher for Altrusa International of Muncie, IN, Inc.

**DIRECTIONS:** Complete this expense voucher with ALL requested information, including receipts & appropriate signatures. Submit completed form to Treasurer.

Submitted by: \_\_\_\_\_  
 Mail check to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate, under the appropriate budget (operating or project), the officer or committee that is the source of the expenditure.

Operating Budget  
     Officer: \_\_\_\_\_  
     Committee: \_\_\_\_\_  
 Project Budget  
     Officer: \_\_\_\_\_  
     Committee: \_\_\_\_\_

**Itemize Purchase(s).** Attach the original receipt, or a legible photocopy.

Date	Item	Number	Unit Cost	Total Cost
<i>Total Requested Reimbursement</i>				

### Approval Signatures

Requester: \_\_\_\_\_  
 Committee Chair (if for a committee): \_\_\_\_\_  
 President (if for an officer): \_\_\_\_\_

Date Paid \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Signature of the Treasurer \_\_\_\_\_