

Lantana Ladies League

Expense Voucher

Name: _____

Date: _____

Committee: _____

For: _____

Date of Expense	Where Purchased	Purchased Item Description	Budgeted Item? Yes/No*	Amount

* If "no", explain: _____

Additional Information (e.g. mail to, reference #, requested by, etc.) _____

ALL APPLICABLE RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT !

Requestor's Signature / Date _____

Officer's Signature / Date _____

TREASURER'S USE ONLY

Received on: _____

Date paid: _____

Check #: _____