Soroptimist International
of Bidwell Rancho
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SOROPTIMIST®
Investing in Dreams

www.sibidwellrancho.org **URL**
sibidwellrancho@soroptimist.net **E-MAIL**

Expense Voucher

If you have spent money for which you would like reimbursement or if you would like a donation receipt for the amount spent, please complete this form and return to the Treasurer.

☐ **Check Requested** ☐ **Donation Receipt Requested**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Detailed Information/Reason for Reimbursement:

Event/Activity Date: _____

Event/Activity: _____

Additional Info: _____
(conference, dues, reimbursement, etc.)

******Attach Receipts/Invoices/Travel Voucher******

Fund: (Check One) ☐ General ☐ Delegate ☐ Service **Amount:** $_____

☐ **Budgeted item?** **Amount Budgeted** $_____

or

☐ **A Club/Board Approved Expense?** **Date:** _____ **Amount Approved** $_____

Prepared By: _____ Date: _____
Member Signature

Submitted By: _____ Date: _____
Committee Chair Signature

FOR TREASURER USE ONLY

Date _____ Check # _____ Amount _____

OR Donation Receipt Provided ☐ Yes Amount _____