Troop 301
St James, NY

EXPENSE REIMBURSEMENT VOUCHER

Date: _____

Name: _____

Date	Purpose of Expenditure	Amount
	Total:	

Please attach all ***original* receipts to the back of this voucher**

Signature: _____

Treasurer's Notes:

Receipts Received: _____

Date Paid: _____ Check No.: _____ Amount: _____

Treasurer's Signature: _____ Date: _____

5/5/2010 8:51 PM