EXPENSE VOUCHER

Clabber Creek POA
Phase I
P.O. Box 9884
Fayetteville, AR 72703

PLEASE COMPLETE

PAY TO:
Name: _____

Address: _____

City: _____ ST:_____ Zip:_____

Phone: (h)_____(c)_____

PLEASE COMPLETE

Date of Request: _____

Committee/Event: _____

Total Amount Requesting: _____

Purpose: _____

_____

_____

_____

_____

For treasurer's use:

Date Paid: _____

Amount Paid: _____

Check #: _____

Receipts must be attached and all copies submitted to President for Approval, then to Treasurer for payment.
NO REIMBURSEMENTS WILL BE MADE WITHOUT RECEIPT.

Signature: _____

Approval by President: _____