Junior Woman's Club of Sparta
2017-18 Reimbursement Voucher

All Club expenditures must be pre-approved by a President (Co-President).
Please submit this completed voucher, with receipts, to the Treasurer no later than 30 days after purchase.

Date *(Of purchase)*	**Purchase Location**	**Items Purchased**	**Reason for Purchase** *(Indicate event, purpose)*	**Amount**

Total Reimbursement Amount: _____

Make checks payable to: _____

Are all receipts attached? Yes____ No_____

Is this for: Games of Chance _____
Regular Reimbursement _____

Signature of Requester: _____ Date:_____

President's Signature: _____

For Treasurer's Use Only:

*Check #:*_____ *Check Date:* _____