

Department of Nevada Auxiliary Voucher

Name: _____ Date: _____

Dept. Position Held: _____

Expenses: (List and attach all receipts)

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Expenses: \$ _____
 Total Reimbursements: \$ _____

 Person Requesting Reimbursement
 Signature

 Treasurer Signature

 Dept. President Signature

Trustee # 1 _____ Date _____
 Trustee # 2 _____ Date _____
 Trustee # 3 _____ Date _____

Expenses Paid \$ _____ CK # _____ Date _____

VOUCHER # _____