

REIMBURSEMENT/PAYMENT  
AUTHORIZATION VOUCHER

Please reimburse or pay: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Explanation of Expenditure:

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Budget Code: \_\_\_\_\_

Due Date: \_\_\_\_\_

Please Pay By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_