

Greater Dayton Emmaus Expense Voucher

Fill in your name if you are to be reimbursed. Be sure to attach receipts of all items listed. Use company name and address if invoice is attached and needs to be paid directly. Obtain leadership or appropriate board representative approval and then remit to:
Ed Kruse - edwardlk@ameritech.net

| | |
|--|-------|
| <i>For Accounting Purposes Only</i> | |
| Check # | _____ |
| Date | _____ |
| Amount | _____ |
| Paid by | _____ |

Reimbursed Name: _____

Address: _____

| <u>Date</u> | <u>Expense Item(s)</u> | <u>Amount</u> | <u>Budget Category</u> |
|-------------|------------------------|---------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Requested by: _____

Total: _____

Approved by: _____

Date: _____

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Reimburse Name: _____

Address: _____

| <u>Date</u> | <u>Expense Item(s)</u> | <u>Amount</u> | <u>Budget Category</u> |
|-------------|------------------------|---------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Requested by: _____

Total: _____

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