



GFWC-SC EXPENSE VOUCHER

DATE OF REQUEST _____

NAME _____

GFWC-SC POSITION _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

EMAIL _____ Phone _____

**Please Attach Receipts With All Relevant Expenses Highlighted
NO LATER THAN MAY 1 to:**
 Shannon Smith, GFWC-SC Finance Committee Chair
 3790 Dove Tree Lane, Rock Hill, SC 29732
 sewsmith2003@yahoo.com 803-579-5022

Expenses & Receipts submitted by: _____
 (Signature)

Budget Category or Event (if travel): _____

The IRS requires that receipts must be filed before expenses may be reimbursed.
 1. Allocations will be paid up to and not exceeding the amounts budgeted.
 2. All requests for reimbursement must be made by MAY 1.

DESK EXPENSES

COPIER _____

POSTAGE _____

TELEPHONE _____

OFFICE SUPPLIES _____

OTHER _____

TOTAL _____

TRAVEL

REGISTRATION _____

HOTEL _____

MILEAGE _____

AIRFARE _____

TAXI/UBER/LYFT _____

OTHER _____

TOTAL _____

FOR INTERNAL USE ONLY:

Approved _____ Date _____ Budgeted _____

Check # _____ Date _____ Amount Paid _____