



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:

GFWC-SC Finance Committee Chair

&

Katie Whitten, GFWC-SC Treasurer

kqwhitten@gmail.com 803-370-0158

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 _____

Check # _____ Date _____

POSTAGE _____

TRAVEL

TELEPHONE _____

OFFICE SUPPLIES _____

OTHER _____

TOTAL _____

FOR INTERNAL USE ONLY:

Approved _____ Date _____

Budgeted _____ Amount Paid _____

REGISTRATION _____

HOTEL _____

MILEAGE _____

AIRFARE _____

TAXI/UBER/LYFT _____

OTHER _____

TOTAL _____

Revised 9/2025