

UDJHSA ALUMNI MOTHERS' CLUB - Voucher/Reimbursement Request 2017-2018

Check Number	Date	Amount

Event: _____

Payee Name: _____ Phone: _____

Address: _____

Email Address: _____ Budget: _____

INSTRUCTIONS:

- o Support Documents: Original receipts **MUST** accompany this form
- o A separate voucher must be completed for each check request
- o All vouchers **MUST** be submitted within 30 days of the event by Chairperson
- o Vouchers **AND** Event reports **MUST** be received prior to check/s release
- o Treasurer **MUST** approve in advance all events that will exceed budget

Description of Purchases (Complete this form in INK)	Costs
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount	\$

Requested By: _____

Date: _____

Approved: Event Chair: _____

Date: _____

Approved: AMC Treasurer: _____

Date: _____

Please mail request to:
 Caroline Lesnau
 6762 Heatherwood Drive
 West Bloomfield, MI 48324