

**ALANTON BAYCLIFF RECREATION CENTER VOUCHER
REQUEST FOR REIMBURSEMENT**

PAYABLE TO:

NAME _____

ADDRESS _____

E-MAIL _____

TELEPHONE # _____

COMMITTEE TO BE CHARGED: _____

CHAIRPERSON AUTHORIZATION: _____

ATTACH ALL RECEIPTS

DATE	ITEM/DESCRIPTION	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____
	LESS ADVANCES	\$ _____
	TOTAL REIMBURSEMENT	\$ _____

SIGNATURE: _____

DATE: _____

TREASURER'S USE ONLY

APPROVAL DATE: _____

CHECK NUMBER: _____

DATE PAID: _____

G/L ACCOUNT #: _____