

CAMDEN COUNTY RETIREES' EDUCATION ASSOCIATION

EXPENSE VOUCHER

DATE \_\_\_\_\_

PAY TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

COMMITTEE \_\_\_\_\_

SIGNATURE IF REQUESTING REIMBURSEMENT \_\_\_\_\_

ATTACH COPIES OF ALL RECEIPTS OR INVOICES

ITEM DESCRIPTION

AMOUNT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL

\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE



APPROVED BY

PRESIDENT \_\_\_\_\_

TREASURER \_\_\_\_\_

CHECK DATE \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_