PAYMENT/REIMBURSEMENT VOUCHER

LWV of SCHENECTADY COUNTY

Please complete this voucher, attach receipt/invoice, and submit to the Treasurer. Your name: Amount of payment/reimbursement: Check should be made payable to: Is this expenditure part of an approved budget? YES: NO: Purpose for expenditure and program/committee, if applicable: Value and description of personal donation, if any: Value and description of in-kind donation, if any: Payment authorized by: Check Amount:______ Check Number:_____ Payment Date:_____ Budget Item: _____ Amount: _____ Budget Item: ______ Amount: _____ Budget Item: _____ Amount: _____ Budget Item: ______ Amount: _____ Budget Item: _____ Amount: ____ Treasurer's signature

Date