

Citrus Ridge Decorative Artists
Voucher for Reimbursement

Name: _____

Address: _____

Purpose of Expense: _____

Itemize (Note: Receipts must be attached for all reimbursement requests.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Signature: _____ Date: _____

Approved By: _____ Date: _____
(President)

Check # Issued: _____ Amount of Check: _____ Date: _____

Treasurer: _____