



**Greater Texarkana Branch #6231
Expense Disbursement Voucher**

Date Originated: _____
 Voucher/Invoice #: _____
 Branch Name/#: _____

Requestor's Name: _____
Position: _____
Address: _____
CSZ: _____

EXPENSES

1. Utilities: _____ Water _____ Gas _____ Electric _____
 Purpose: _____

2. Telephone/Fax: _____ Purpose: _____

3. Postage: _____ Purpose: _____

4. Copies/Printing: _____ 5. Office Supplies: _____
 Purpose: _____

6. Number of Memberships: _____ Amount: _____ State Conf Assessment: _____
 National Office Assessments: _____ Convention Registration: _____

7. Other (Please Specify): _____ Authorized By: _____
 Purpose: _____

TOTAL AMOUNT REQUESTED _____ **Paid w/Check #:** _____

Make check payable to Requestor _____ Yes _____ No _____ **or**
the following:

*Name: _____
 *Address: _____
 *CSZ: _____
 *If Different From Requestor

To be APPROVED by the following officers: President/Vice President and/or Secretary/Assistant Secretary and PAID by Treasurer or Assistant Treasurer

Approved By: _____ Date: _____
 President/Vice President

Approved By: _____ Date: _____
 Secretary/Assistant Secretary

Paid By: _____ Date: _____
 Treasurer/Assistant Treasurer

➡ All Reimbursements require receipt/bill copy(s).