



Savannah High School Alumni & Friends Association, Inc.

P.O. Box 3284

Kinston, North Carolina 28502

Expense & Reimbursement Voucher

Directions: Please use this form when requesting funds for financial activities or when requesting reimbursements. For reimbursements, **all receipts** must be attached/included with the voucher.

Type: Funds Request

Reimbursement

Date: _____

Amounted Requested: _____

(write out dollar amount)

Purpose of Voucher:

Please provide specific details of purchases and expenses. Use the back of this form if more space is needed. "I certify the funds requested and /or expenses incurred by me for official Association business as stated above and none are related to personal or unallowable expenses. I also certify that I did not receive reimbursement from any other source(s) for the expenses claimed. In the event of an overpayment or if a payment is received from another source for any portion(s) of the expenses claimed, I assumed responsibility for repaying the Association in full for those expenses.

Make Check Payable To: _____

Requested by: _____
(print name) *(initial above)*

Approved by: _____
(SHSA&FA Financial Secretary - print name)

(SHSA&FA President - print name)

Treasurer (Initial after voucher has been approved by President and Financial Secretary)