



*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 / date)*

Approved by: \_\_\_\_\_  
*(SHSA&FA Financial Secretary - print name / sign name / date)*

\_\_\_\_\_  
*(SHSA&FA President - print name / sign name / date)*

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