



**Columbus Area Chapter of Blacks In
Government (CACBIG)**

Reimbursement Voucher

Voucher Number _____

To: Treasurer, CACBIG

From: _____
(Name) (Telephone Number)

(Office or Committee)

Please issue a check in the amount of \$ _____ payable to:

(Name)

(Address)

(City, State, ZIP)

This voucher is submitted for the following expenses (specific descriptions):

Note: An invoice must be attached to this voucher, If you do not have an invoice, on a separate sheet of paper describe the purchase or service. One item per voucher, please.

DATE: _____ AUTHORIZED: _____
(Officer/Chairperson)

For Treasurer's Use Only

Issued Check Number _____ Approved _____
Date of Check _____

Amount of Check _____ Treasurer _____

Budget item charged on _____