



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:

Invoices and supporting documentation must be submitted to the Financial Secretary for pay and processing through the voucher system within 30 days of purchases. 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 & Financial Secretary)