

**ARW REIMBURSEMENT VOUCHER**  
**2017**

DATE SUBMITTED: \_\_\_/\_\_\_/\_\_\_/      AMOUNT REQUESTED: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

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(List: Name, address and phone number)

PURPOSE OF EXPENSE: \_\_\_\_\_

DATE OF EXPENSE: \_\_\_/\_\_\_/\_\_\_      RECEIPT ATTACHED? \_\_\_\_\_

BUDGET OR COMMITTEE CATEGORY: \_\_\_\_\_  
(very Important)

COMMITTEE CHAIRMAN APPROVAL: \_\_\_\_\_

.....  
(For use of the treasurer)

DATE PAID: \_\_\_/\_\_\_/\_\_\_      CHECK NO.: \_\_\_\_\_      AMT. PAID: \_\_\_\_\_

DEBIT: \_\_\_\_\_  
(Fundraiser – postage- supplies- travel, etc.)

CATEGORY: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_  
(Budged- Bylaws – Executive Committee)