

VOUCHER

USE FOR LOST RECEIPT EXPENSES

PAYMENT MADE BY: PLSC or other

Check # _____ Debit Card ___ Credit Card ___ CASH ___

AMOUNT: \$ _____

COMPANY NAME IF KNOWN: _____

ACTIVITY: _____

DATE OF EXPENSE _____

Reimbursement Request (Y / N)

NAME _____

Address: _____

City: _____ Zip _____

Phone: (_____) _____ E-Mail _____

APPROVED BY _____

DATE _____