

Soroptimist International of Tahoe Sierra

Service Fund Expense Voucher

Please submit with receipt within 30 days of incurring expense. Payment will follow within 14 days.

Payable to: _____ Date: _____

Attention (c/o): _____

City, State, Zip _____

Committee: _____ Amount: \$ _____

Line item: _____ (Must match budget)

Detailed Information / Reason for payment

Activity/Source: _____

Activity Date: _____

Additional information: _____

To identify expense: _____

Mail check to above address _____ or Deliver check to _____ (member)

Prepared by _____ Date _____
Signature of member

Submitted by _____ Date _____
Signature of Chair

Service Fund Treasurer use only:

Budgeted expense Yes No

If no, Board approved on _____ Amount \$ _____

Club approved on _____ Amount \$ _____

1099 Received _____

Check # _____ Date processed _____ Amount \$ _____

By: _____ QB: _____