

# Annapolis Area Intergroup Expense Voucher

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Describe Expense(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Expense \_\_\_\_\_

Do you need to be reimbursed? \_\_\_\_\_

Or Describe method you used to pay

\_\_\_\_\_

Or AAIG check number you used: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Circle Budget Category:

Activities

Bulletin

Coffee/Soda Supplies

Institutions

Literature for Sale

Office Supplies

PI/CPC (Web)

Where & When

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach Receipt(s)

Treasurer Use Only

Expense Reimbursed \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_