

Platinum Coast Orchid Society

EXPENSE VOUCHER

All expenses for which you are submitting a bill or requesting reimbursement must be listed on this voucher. All available statements or receipts must be attached.

Submit completed voucher to the President or Treasurer. If payment is to be made to a third party, provide the exact mailing address below.

DATE	EXPENSE ITEM(S)	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Submitted by:

Signature Date

Approved by:

President or Treasurer

Make check payable to: *(Please Print)*

Name: _____

Address: _____

Paid by Check No. _____ Date _____ Voucher No. _____