

# DANVILLE SHAG CLUB

## Payment Voucher/ Reimbursement Request

(Receipts or invoices must be attached for payment)

Requestor's Name \_\_\_\_\_

Event/Purpose \_\_\_\_\_ DATE \_\_\_\_\_

Amount \_\_\_\_\_

Payee Name : \_\_\_\_\_ Hand Deliver / Mail

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description/ Reason for payment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Required: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Approved by \_\_\_\_\_

Date: \_\_\_\_\_ Amount \_\_\_\_\_

Check Issued by \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

### GL Account Distribution :

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Acct # \_\_\_\_\_ \$ \_\_\_\_\_

Post Date \_\_\_\_\_ Report Period: \_\_\_\_\_