

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: _____