

Upper Arlington Education Association

EXPENSE Reimbursement Voucher

Name: _____ Address: _____ City/State/Zip: _____	Date Submitted: _____ Receipt Attached (Y/N) _____ Date Vendor Paid: _____
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Date	Account (completed by Treasurer)	Description (purpose of expense)	Amount
GRAND TOTAL:			

All expenses must be accompanied by a receipt.

Prepared by: _____

Approved by (name/title): _____

Approved by (name/title): _____

Paid by check # _____ issued on _____ _____ (UAEA Treasurer)
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