

Coast to the Cascades Expense Voucher

Print, fill out, and give to Treasurer for reimbursement

Pay to: _____
(Print name of Payee)

| For: (receipts must be attached for all reimbursements) | | <u>Budget</u> |
|---|----|---------------|
| Item 1. | \$ | |
| Item 2. | \$ | |
| Item 3. | \$ | |
| Item 4. | \$ | |
| Total Amount Due | | \$ |
| Member Signature: | | |

| | | |
|----------------------------|------------------|--------------|
| Check # | Amount \$ | Date: |
| Treasurer Signature | | |