

ACCENTS EXPENSE VOUCHER

Date of Request: _____ Amount Requested _____

Requested by: _____

Signature: _____

Check to be made out to: _____

Please fill out and attach receipts for reimbursement.

Reason for purchase of item: _____

Date	Paid to	Description of Items Purchased	Costs
Total			\$

This section to be completed by ACCENTS Treasurer.

Treasurer Approval _____

Account to be charged: _____

Date Paid: _____ Check # _____ Amount: \$_____