



Linked in Friendship, Connected in Service
Jackson County (MO) Chapter

Chapter Voucher

All receipts or invoices must be attached. Advances must be followed up with verifying receipts within 5 days of advance.
Routing order: **Originator/Submitter** → **Committee Chair** → **Chapter President** → **Chapter Treasurer**

ORIGINATOR

Submitted by: _____ Date: _____

☐ Payment ☐ Advance ☐ Reimbursement

Payee Name: _____ Total Requested: _____

Address: _____ City, State, Zip code: _____

Purpose of Expenditure: *(attach supporting documentation and written explanation)*

Please Check Appropriate Account(s):

☐ Operating Account

☐ Restricted Account

☐ Derby Day Account

☐ President

☐ Treasurer

☐ Financial Secretary

☐ Scholarship

☐ Membership/Retreat

☐ Courtesy

☐ Bylaws

☐ Founders Day/Family

☐ Publicity/Website

☐ Archives/Storage

☐ Protocol

☐ HBCU

☐ Contingency

APPROVALS

Committee Chair Signature of Approval / Date

President/VP Signature of Approval / Date

Total Authorized for Payment: \$ _____

Pay from multiple account centers: ☐ Yes ☐ No

If yes, please explain _____

Account(s) Expensed _____

Annual Budget \$ _____ Budget Balance \$ _____ Less Request \$ _____ Ending Balance \$ _____

Date Paid _____ Amount Paid \$ _____ Check No. _____ Voucher No. _____

Check Disbursement: ☐ Mailed ☐ Hand Delivered To: _____ On: _____

Completed Voucher mailed to: ☐ Submitter ☐ Committee Chair Date: _____

Signature of Treasurer: _____ Date: _____