

VOUCHER

ST. PETERSBURG (FL) CHAPTER OF THE LINKS, INCORPORATED

All receipts **must** be attached on an 8 X 11 sheet of paper. Reimbursements requests **must** be submitted within 30 days from the date of advance or event.

*Voucher submitted by _____ *Facet/Committee _____ *Date _____

*Check Payable to: _____

*(If mailing, send to:) Street Address _____ City/State _____ Zip Code _____

Purpose _____

***(CHECK APPROPRIATE CATEGORY)**

_____ Postage / P.O.Box Rental Fee \$ _____ Misc. Office/Administrative Expenses \$ _____

_____ Storage Fee \$ _____ External Audit Fee \$ _____

_____ Office Supplies (ink cartridges,binders, etc) \$ _____ Misc. Committee/Officer Expenses \$ _____

_____ TrackitForward Fee \$ _____ Stationery/Paper/Envelopes/Printing \$ _____

_____ Community Contributions (please specify who & what) \$ _____

_____ Chapter Delegate / Chapter Alternate Delegate * (Please Circle One)

Registration Fees:

Travel: \$ _____

Area Conference \$ _____

Air Fare \$ _____

National Assembly \$ _____

Lodging \$ _____

Leadership Workshop \$ _____

Total Travel Expenditure \$ _____

_____ Professional Services (photography, etc) \$ _____

_____ National/Area Expenses (All Chapter Pymts, Ads, etc) \$ _____

_____ Founders' Day \$ _____

_____ Fundraiser \$ _____

_____ Courtesies (includes graduation gifts, etc.) \$ _____

Information below this line to be Completed by the Chapter Treasurer

Date Approved _____ Amount \$ _____ Signature _____

(Chapter President)

Date Approved _____ Amount \$ _____ Signature _____

(Committee Chair, if applicable)

Date Approved _____ Amount \$ _____ Signature _____

(Chapter Treasurer)

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*ACCOUNT: _____ Operations Account

_____ Restricted Account

Check No. _____ Voucher No.(opt) _____ Dated Check Mailed _____ Hand Delivery Date _____

*All Mandatory Fields