

NH State Council – Individual Voucher Report

Reimbursement Form (Attach supporting documentation, use additional sheets if necessary)

Name: _____ Address: _____

Council: _____ City ST Zip: _____

I hereby certify the foregoing to be true and correct statement of expenses incurred by me:

Signature: _____

Reason for expense: _____

Advance Issued

Request	Account	Cat #	Voucher #	Recipient of Advance	Check Date	Check #	Amount	Total Advance
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_____	_____	_____	_____	_____	_____	_____	_____	_____
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Purchase Expense

Date	Method Paid	Purchased from	Address	City, State, Zip	Amount	Total Purchases
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Purchase Expense Total _____

Travel Expense

Date	From	To	Purpose for Travel	Miles (Round Trip)	Rate \$.30	Room	Misc.	Total Travel
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_____	_____	/	_____	_____	_____	_____	_____	_____
_____	_____	/	_____	_____	_____	_____	_____	_____
_____	_____	/	_____	_____	_____	_____	_____	_____
_____	_____	/	_____	_____	_____	_____	_____	_____
_____	_____	/	_____	_____	_____	_____	_____	_____

Travel Expense Total _____

Total Balance Due _____

NH State Council Use Only

Receipts reviewed, and voucher processed.

Check issued for total balance due.

State Secretary: _____

State Treasurer: _____

Voucher # _____ Cat: _____

Check # _____ Amount: _____

Process Date: _____

Issued Date: _____