



Business and Professional Women of Tennessee

Expense Voucher

DATE _____

EXPENSE ACCOUNT OF _____
(NAME/POSITION)

ADDRESS _____

CITY/STATE/ZIP _____

PHONE/EMAIL _____

PURPOSE FOR EXPENSE INCURRED: _____
(If serving in more than one capacity, submit separate vouchers.)

DATE	ITEMS	DESCRIPTION	AMOUNT
	HOTEL		
	MEALS		
	REGISTRATION		
	TRANSPORTATION		
	OTHER (Specify)		
TOTAL DUE			

SUBMITTER

AUTHORIZED BY

DATE

For Treasurer's Use

Account: _____

Check #: _____

Date Paid: _____

Bylaws require that bills be presented for expenses.
 Payment will not be made unless voucher is returned to state president within fifteen (15) days after the meeting or event. Any checks for reimbursement of expenses shall be deposited within five (5) business days following receipt of the check. Only checks received less than five (5) business days before June 30 may be deposited within five (5) business days after the 1st of July.

(Initial) I have read and accept the policy regarding the receipt of checks for reimbursement.