



# Arizona State Association of Parliamentarians

A Division of National Association of Parliamentarians®

## EXPENSE VOUCHER

Date: \_\_\_\_\_

Expense(s) Incurred By: \_\_\_\_\_  
Board Member, Committee, or Individual

Receipt(s) Attached For:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

**RECEIPT, BILL OF SALE, SALES SLIP, OR OTHER EVIDENCE OF EXPENDITURE MUST BE ATTACHED WHEN SUBMITTED FOR PAYMENT**

Make Check Payable To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Approved by Executive Board \_\_\_\_\_

Budget Classification \_\_\_\_\_

Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_