Expense Voucher

Name _____

Address _____**City** _____ **ZIP**_____

Phone # _____**E-mail** _____

Date Incurred _____**Date Submitted:** _____

Expense Explanation:

SCST Parent Member:

Home Meet Expenses _____
(Concessions, Hospitality, Awards, etc)

Apparel Expenses _____

Age Group/Activity/Senior Team Expenses _____

Other: _____

Total $ _____

_____

Required Approvals:

Signature of Submitter_____

Name of Board Member Approver _____

Signature of Approver _____

Treasurer Use Only:

Date Received_____

Date Paid _____ **Check Number** _____

Note – Expenses will NOT be reimbursed without receipts and appropriate approvals. Updated 4/2020