

EXPENSE VOUCHER
JUNIOR UKRAINIAN ORTHODOX LEAGUE OF USA

Request Submitted by:	Check to be made payable to:
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

REQUEST FOR REIMBURSEMENT

Account (NEB, Fund, etc.)	Purpose***	Amount	Attached Receipts/Vendor Invoices

REQUEST FOR ADVANCEMENT OF FUNDS

Account (NEB, Fund, etc.)	Purpose***	Amount	Date Needed	Supporting Documentation

Total Amount Requested:

I verify that this request is complete and accurate.

_____ (Signature of Requestor)

Approvals: _____
President
Junior Advisor

For Treasurer Use only below this line:

Request Received: (date)

Checks Issued this request.	Check Number/Acct:	Amt.	Date:
1.			
2.			
3.			
4.			

Fund Balance in Restricted Account:

New Total of Funds Advanced:

Receipt of Reimbursement to UOL for Advance:

Date:

Amount:

Receipts Attached:

***Purpose: Travel (tolls, parking, mileage, plane fare, etc.), Telephone, Postage, Supplies, etc.

For Travel, list total as follows:

Train or Plane		\$ _____
Automobile	\$ _____ (per mile) x _____ (mileage)	\$ _____
Parking fees		\$ _____
Tolls	_____ (from) _____ (to)	\$ _____
TOTAL Travel		