

**EXPENSE VOUCHER
BOSE ELEMENTARY**

Reason for Reimbursement: _____

Reimbursement Requestor: _____

Itemized Purchases:

	Description of Item/Receipt	Totals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Total: \$ _____

Make check payable to: _____

Principal's Signature: _____

Board Member's Signature: _____

Treasurer's Signature: _____

Date Paid: _____ Check No. _____

ORIGINAL RECEIPTS MUST BE ATTACHED FOR PAYMENT