Osan Officers' Spouses' Club

Welfare Fund Expense Voucher

Requested by: _____ Date Requested: _____
Print Name

Amount Requested: _____ For what function: _____

☐ **Cash up front.** Receipts are required for all purchases and need to be returned to the treasurer.

☐ **Petty cash.** 100% of all petty cash should be returned no later that three business days after the function.
In the case of a continuing monthly need, such as reservations, 100% will be returned at the end of the FY (June).

☐ **Reimbursement.** Provide a description of all merchandise purchased and provide all receipts.

Vendor	General Description	Qty	Price Each	Total
	TOTALS			

I certify that the above information is accurate. I acknowledge receipt of payment for the above claimed expenses.

_____
Signature

Treasurer Use

Date received: _____ Check Amount: _____ Check #: _____

Reimbursement to: _____ OOSC Approved Account: _____

Comments: _____

_____

I certify that the above information is accurate and reflects true expenses that are associated with this program and are covered by the OOSC budget.

_____
OOSC Welfare Fund Treasurer

Print

Revised: 20 June 2009
By: HLehr