

**Columbia Hospital School of Nursing
Alumnae Association, Inc.**

Expense Voucher

Date: _____

Committee or Officer Name: _____

Check Payable To: _____

Give Check To: _____

(or) mail check to
address: _____

Submitted By: Your Name: _____ Your Phone #: _____

List expense(s) incurred:

Description	Purpose	Invoice #	Amount
1.			
2.			
3.			
4.			
5.			

Total _____

Voucher Approved by:

Committee Chairman or Officer (Signature)

President (Signature)

<p><i>For Treasurer Use Only:</i> <i>Check #</i> : _____</p> <p><i>Attached:</i> _____</p> <p><i>Check Received by (Initial)</i> _____</p>	<p><i>Invoice/Receipt</i></p> <p><i>(Revised 2-14-2020)</i></p>
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