

**ROTARY CLUB OF SEQUIM SUNRISE**  
**EXPENSE VOUCHER**

PROJECT NAME or PURPOSE AS APPLICABLE (Use name from budget)

COMMITTEE

WHAT ITEMS WERE PURCHASED (If not listed on bill)

Materials or supplies

Food and beverages

Services

Other items

TOTAL TO BE PAID:

PAY TO:

Please reimburse me for the attached bill(s) or receipt(s) which I have personally paid

**OR**

Please pay the attached bill(s) or amounts due

REQUESTED BY (please print)

SIGNED \_\_\_\_\_

DATE

APPROVAL BY COMMITTEE CHAIR \_\_\_\_\_

DATE

***PLEASE ATTACH RECEIPTS OR BILLS, or send pdf copies of documents and approvals by e-mail to [ungava2@wavecable.com](mailto:ungava2@wavecable.com)***

*For treasurer use*

GL Account	Ledger & Class
Check Number	
Date Paid	