# REIMBURSEMENT VOUCHER

## Junior Auxiliary of Abbeville, LA
www.jaofabbeville.org

Project Name: _____

Name of Payee: _____

Date Submitted: _____

| Expenditures Date Incurred | Description | Amount |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | **Total** | $ _____ |

**Required Signatures**

Payee: _____

Project Chairman: _____

**To be completed by Treasurer**

Check Number: _____

Check Date: _____

Amount $: _____

I wish to donate my reimbursement to the Junior Auxiliary of Abbeville _____