



150 GOLF CLUB EXPENSE VOUCHER

Payee: _____ **Date:** ___/___/___

Address: _____

Event/Function (if applicable) _____

EXPENDITURES FOR WHICH REIMBURSEMENT IS REQUESTED

Date:	Description/Purpose	Amount
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
___/___/___	_____	\$ _____
TOTAL		\$ _____

Member Signature: _____

Officer Approval: _____

[Needed if request is > \$100.00]

Instructions: Complete Form, attaching receipt for each expenditure.
 Have Officer approve if request is over \$100.00
 Submit to 150 Club Treasurer or place in envelope and drop in club box located at
 Cimarron Golf Course.

Date Paid: ___/___/___

Check #: _____