**Wilberforce University Alumni Association (WUAA)**

**National Board VOUCHER**

****

**Official Use Only:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payable To**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(required)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CashApp, PayPal, Zelle**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($Cashtag, Email *or* US mobile#)

*(Please circle and type/include ONE electronic payment option above)*

Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcommittee/Event/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **EXPENSE TYPE** | **AMOUNT** |
| Awards & Recognition | $  |
| Events | $ |
| Fees & Payments | $  |
| Fundraising | $  |
| Postage & Mailings | $  |
| Printing | $  |
| Membership | $  |
| Recruitment/Campus Life | $  |
| Scholarship | $  |
| Supplies & Materials | $ |
| Technology/Communications | $  |
| Travel | $ |
| Venue/Catering/Food | $ |
| Young Alumni  | $ |
| Other:  | $ |
| **TOTAL REQUEST**  | $ |

* Reimbursement: $\_\_\_\_\_\_\_\_\_\_ *(Board members payments)*

**Electronic Payment Request**:\_\_Yes\_\_No *(MUST select type above)*

Receipt(s) Attached: \_\_\_Yes \_\_\_No

If no, please specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Advance: $\_\_\_\_\_\_\_\_ *(Funds* ***MUST*** *be accounted for/reimbursed in 30-days)*

**Electronic Payment Request**:\_\_Yes\_\_No *(MUST select type above)*

Documentation Attached: \_\_\_Yes \_\_\_No

If no, please specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Vendor Payment Request: $\_\_\_\_\_\_\_\_\_\_\_ *(Invoice payments)*

**Electronic Payment Request**:\_\_Yes\_\_No *(MUST select type above)*

Documentation Attached: \_\_\_Yes \_\_\_No

If no, please specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Chair **(Print)**: (**Signature)**: Date: \_\_\_\_\_\_\_\_\_\_\_\_

Treasurer **(Signature)**:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President **(Signature)**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detailed Explanation** *(required)***:**

**MUST attach/include ALL receipts and any additional supporting documentation here for ALL expenses:**