

Wilberforce University Alumni Association (WUAA) National Board VOUCHER



Payable To: _____

Mailing Address: _____
(required)

Official Use Only:	
Date:	_____
Check#:	_____
Amount (\$):	_____
Budget Line:	_____

CashApp, PayPal, Zelle: _____ (\$Cashtag, Email *or* US mobile#)
(Please circle and type/include ONE electronic payment option above)

Committee: _____ Subcommittee/Event/Activity: _____

Reimbursement: \$ _____ *(Board members payments)*
Electronic Payment Requested: ___ Yes *(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 Requested: ___ Yes ___ No
 Documentation Attached: ___ Yes ___ No
 If no, please specify reason:

Vendor Payment Request: \$ _____ *(Invoice payments)*
Electronic Payment Requested: ___ Yes ___ No
 Documentation Attached: ___ Yes ___ No
 If no, please specify reason:

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	\$

Committee Chair (**Print**): _____ (**Signature**): _____ Date: _____

Treasurer (**Signature**): _____ Date: _____

President (**Signature**): _____ Date: _____

Detailed Explanation *(required)*: _____
