

**LINCOLN HILLS NEEDLE ARTS
REIMBURSEMENT VOUCHER**

(Please Print):

Date: _____

Requested by: _____

Group/Budget Category (one per line)	Amount	Description/Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payable to _____ Total Amount \$ _____

(Staple receipts to back of form)

Date Paid _____ Check or Bill Pay # _____ By _____

Request For Approval of Expense required for Breakout Group requesting \$50 or more, also unbudgeted requests or expenditures in excess of budgeted amounts. Please submit this voucher and any appropriate documentation to the SCLHNA Treasurer

Rev 010223

----- SEPARATE FORMS HERE -----

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