

**LINCOLN HILLS NEEDLE ARTS  
REIMBURSEMENT VOUCHER**

(Please Print):

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

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

Payable to: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_  
(Must staple detailed supporting documentation)

Date Paid: \_\_\_\_\_ Check or Bill Pay # \_\_\_\_\_ By: \_\_\_\_\_

**Request For Approval of Expense** is required for expense over \$50, non-budgeted requests or expenditures in excess of budgeted amounts. Please submit to SCLHNA Treasurer for Board approval.

Revised 1/2026

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

**LINCOLN HILLS NEEDLE ARTS  
REIMBURSEMENT VOUCHER**

(Please Print):

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

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

Payable to: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_  
(Staple receipts to back of form)

Date Paid: \_\_\_\_\_ Check or Bill Pay # \_\_\_\_\_ By: \_\_\_\_\_

**Request For Approval of Expense** is required for expense over \$50, non-budgeted requests or expenditures in excess of budgeted amounts. Please submit to SCLHNA Treasurer for Board approval.

Revised 1/2026