



# SIERRA PACIFIC REGION 2010-2011 EXPENSE VOUCHER

Voucher No. \_\_\_\_\_

<b>To:</b>	<u>Robert Richardson</u>	<b>Office/Chair:</b>	_____
<b>Office/Chair:</b>	<u>Region Treasurer</u>	<b>Address:</b>	_____
<b>Address:</b>	<u>296 Marina Park Way</u>	<b>City/State/Zip:</b>	_____
<b>City/State/Zip:</b>	<u>Sacramento CA 95831</u>	<b>Telephone:</b>	_____
<b>Telephone:</b>	<u>(916) 422-1354</u>	<b>E-mail:</b>	_____
<b>E-Mail</b>	<u>rrobert12@sbcglobal.net</u>		

### Guidelines for Reimbursement\*

- Cash Receipts must be attached to your bill to support all expenditures. If a cash receipt is not available, please provide a written itemized explanation of the cost.
- Bills exceeding the SPR Board approved budgeted amount will be forwarded to the SPR Board by the Regional Treasurer for its approval. On approval of the Board, the bill will be paid.
- Submit all conference bills to the Conference Controller for review and approval. The Conference Controller will submit the bill to the Regional Treasurer for review and reimbursement. If the bill exceed the SPR Board approved budgeted amount, the Regional Treasurer will forward the bill to the SPR Board for its approval. On approval of the bill by the Board, the bill will be paid.
- Submit all other bills to the Regional Treasurer for review, approval, and reimbursement.

### Item Description

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**Total Expenditure:** \_\_\_\_\_ \$ \_\_\_\_\_

**Voucher Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Conference Controller/Regional Treasurer

**DO NOT WRITE BELOW**

Budgeted Amount: \$ \_\_\_\_\_ Verified by: \_\_\_\_\_  
Regional Treasurer

Approved: \_\_\_ Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

\* Please itemize expense separately and annotate as “**Donation**”. File: 2010-2011SPR Expense Voucher-8-1-10