SIERRA PACIFIC REGION
2006-2007 EXPENSE VOUCHER

To:	**Shirley Figenshu**	**Office/Chair:**	
Office/Chair:	**Region Treasurer**	**Address:**	
Address:	**See membership roster**	**City/State/Zip:**	
City/State/Zip:	**See membership roster**	**Telephone:**	
Telephone:	**See membership roster**	**E-mail:**	
E-Mail	**mdynasty34@aol.com**		

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: 2006-2007SPR Expense Voucher-8-1-06