

CAMDEN COUNTY RETIREES' EDUCATION ASSOCIATION
EXPENSE VOUCHER

DATE _____

PAY TO _____

ADDRESS _____

SUBMITTED BY _____

COMMITTEE _____

SIGNATURE IF REQUESTING REIMBURSEMENT _____

ATTACH COPIES OF ALL RECEIPTS OR INVOICES

ITEM DESCRIPTION

AMOUNT

TOTAL

DO NOT WRITE BELOW THIS LINE



APPROVED BY

PRESIDENT _____

TREASURER _____

CHECK DATE _____

CHECK NUMBER _____

ACCOUNT NUMBER _____