



## Reimbursement Voucher

Date \_\_\_\_\_

Name \_\_\_\_\_ Committee \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Event** (check all that apply)

- Associate Members Show     Signature Members Show  
 Open Juried Show             Membership     Workshop  
 Board Meeting     Other \_\_\_\_\_

**Expenses**

Date	Description	Category	Amount
<b>TOTAL</b>			

**Categories**

1. - Printing    2. - Postage    3. - Refreshments    4. - Office Supplies  
 5. - Advertising    6. - Equipment    7. - Website Fees    8. - Rental  
 9. - Other \_\_\_\_\_

Please Note: Complete this voucher and attach all receipts and invoices. Retain a duplicate copy for your records. **No payment will be made without a receipt**

You can mail or email with attachments to:

Joanne Amantea Treasurer GSWS 2111 Sayre Drive Princeton, NJ 08540	Email : <a href="mailto:joanne.gsws@gmail.com">joanne.gsws@gmail.com</a> Phone: 609-243-9185 / 609-672-6215  <b>OFFICE ONLY</b> Date Paid _____ Check No. _____
--	---