

FINGER LAKES REGION, SCCA EXPENSE VOUCHER

Date of Event

Event Name

Charge to Program ADM RAL SOL ADM/RAC RAC TOP CON

EXPENSES

Date	purchased from	Budget Code	Item	Budget Category	Sub-cat	Count	Cost each	total cost	Receipt Number
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
TOTAL EXPENSES								\$	

EVENT CHAIR Name (print) _____

PROGRAM CHAIRMAN APPROVAL _____

Submitted by _____

Date Submitted _____

Phone No. _____

Pay to _____

address _____

Elizabeth Thiel 585-671-9995
753 Klem Road
Webster, NY 14580

ATTACH ALL RECEIPTS
If more than one vendor, NUMBER receipts
and list numbers on voucher
ONE "Pay To" per voucher

Please note if there is an invoice or audit form to be returned
Program chair is not usually the same as event chair
Mail completed form to Treasurer after Program Chairman signs