Kiwanis Club of Glendale & Glendale Kiwanis Youth, Inc.
Expense/Reimbursement Voucher

Date: _____, 200_

Committee: _____

Sub-committee: _____

Activity: _____

Payee	Description	Amount
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
_____	_____	$_____.__
Total amount requested herewith		$_____.__

+Please attach applicable receipts, invoices, statements, or other documentation.