

EXPENSE REIMBURSEMENT VOUCHER

Date(s) of Expense: _____

Type of Expense:

Stamps: _____

Other (describe purchase):

Total Reimbursement Claimed: _____

I hereby certify the expenses listed above have been incurred by me in the service of Chapter 65 and include such expenses as were necessary in performing such service.

Signature: _____

Date Paid: _____ Amount Paid: _____ Check #: _____

(ATTACH RECEIPTS)

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