

# East Ridge Cross Country Reimbursement Voucher

Make check payable to: \_\_\_\_\_

Date	Item	Place of Purchase (if appropriate)	Amount Requested
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total:</b>			\$

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

Certification: The expenses listed above were incurred in connection with authorized ERCC PSO work and were not otherwise reimbursed to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please initial and date each receipt, then tape to the back of this form or another sheet. Thank you.*

*(For the treasurer's use only.)*

Date	Check #	Account	Amount
		ER PSO-CC Checking	\$

Tax Category	Amount
	\$
	\$
	\$
	\$

Posted By: \_\_\_\_\_