



ALUMNI
A. P. TUREAUD SR.
BLACK ALUMNI CHAPTER

Payment/Reimbursement Voucher Request

Date Requested: _____ Submitted by: _____ Total: _____

Issue Check Payable to: _____

Address/City/State/Zip: _____

Committee/Office: _____ Activity: _____

List each expense item separately:

	Vendor	Type of Expenditure	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Expenditures: \$ _____

Less Prepayments: \$ _____

Total for Payment/Reimbursement: \$ _____

**Please attach all invoice(s)/receipt(s) to this request.
Items must be itemized and only APT Sr. Chapter related expenses.**

APT Sr. Chapter, an IRS-approved 501(c)(3) organization, is tax-exempted as outlined by the IRS, and all efforts must be made to utilize this benefit.

Approved By:

President: _____ Amount Approved: _____ Date: _____

Secretary: _____ Amount Board Approved: _____ Date Board Approved: _____

Treasurer: _____ Amount Paid: _____ Date Paid: _____