



S O R O P T I M I S T[®]

Investing in Dreams

Soroptimist International of

VOUCHER FORM FOR CLUB EXPENDITURES

Receipt must accompany forms to receive payment

Date: _____

Member requesting funds: _____
print name signature

Payee (if different): _____

Amount requested: _____

Committee: _____

Description of
Expenditure: _____

Authorization signature:

_____ Authorization date: _____

Budgeted fund: Yes____No____ or Date of minutes with authorization vote: _____

*****Completed by Treasurer*****

Date paid: _____ Signature: _____

Fund: _____