



REIMBURSEMENT VOUCHER

Make check payable to: _____

Date	Item	Place of Purchase (if appropriate)	Amount Requested
			\$
Total			\$

Account to be credited: _____

Explanation: _____

Certification: The expenses listed above were incurred in connection with authorized NM Pageant of Bands work and were not otherwise reimbursed to me.

Signature _____ Date _____

(For the treasurer's use only)

Approved :

Date	Check #	Acct. #	Account	Amount
			Checking	\$
	split			

Posted By: _____

On: _____

Revised: 8/27/2013