



## PACE Expense Voucher

Check #: \_\_\_\_\_

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

Member requesting reimbursement:

\_\_\_\_\_  
Signature of chairperson or  
President (when requestor is chairperson)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Amt. Requested

**Budget** Item to Expense: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

**Deduct from (check one):** Scholarship \_\_\_\_\_ Operating \_\_\_\_\_ Pacettes \_\_\_\_\_

Please attach all receipts totaling requested amount.

If mailed, make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of President or Vice President

\_\_\_\_\_  
Signature of Treasurer

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_