

MER Petty Cash Voucher

Use this form for expenses totaling \$50.00 or less
Receipts must be attached

Name: _____

Chapter: _____

Mailing Address: _____

Amount of Reimbursement: _____

Description of costs and their use - please be specific:

Approved by: _____

Treasurer's Notes:

Check No. _____ Date Paid _____

Comments:

Send Reimbursement Request form and attached receipts to:

MER Treasurer