

**SOUTH BRUNSWICK EDUCATION ASSOCIATION  
EXPENSE VOUCHER FOR REIMBURSEMENT**

*For Treasurer's Use Only*

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Voucher ID#: \_\_\_\_\_

LAFAP Line Item #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Chargeable:  Non-Chargeable:

PAY TO (Please print): \_\_\_\_\_

SBEA POSITION: \_\_\_\_\_

HOME BUILDING: \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_

	AMOUNT	LAFAP LINE ITEM
RECEIPT #1	_____	_____
RECEIPT #2	_____	_____
RECEIPT #3	_____	_____
RECEIPT #4	_____	_____
RECEIPT #5	_____	_____
RECEIPT #6	_____	_____

MEMO: (Reason(s) for reimbursement)

President's Signature: \_\_\_\_\_

Amount: \_\_\_\_\_

SBEA Budgeted Item: \_\_\_\_\_

Added to the monthly budget of:

Sept Oct Nov Dec Jan Feb Mar Apr May June July August