



American Telugu Association

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EXPENSE VOUCHER

Committee Name: _____

For Office Use Only	Date:
Vendor Code	
Account Code	
Check #	Amount:\$

Budget Approved	\$
Less Amount Spent	\$
Less Today's Expense	\$
Balance Available	\$

Expense Details

	Description	Purpose	Amount
1			
2			
3			
4			
5			

Payee Name _____ Total Amount \$: _____

Address, City, St, Zip: _____

Requested By: _____ Date: _____

Tel: _____ email: _____

Reviewed By: _____ ; Date _____ Office Coordinator
 Approved By: _____ ; Date _____ Committee Chairperson
 Approved By: _____ ; Date _____ Treasurer
 Approved By: _____ ; Date _____ President/ Secretary

Notes:

1. Original invoice from vendor must be attached to expense voucher for audit purpose.
2. Budgeted Expenses less-than \$2500 require Treasurer's approval.
3. Budgeted Expenses over \$2500 require Treasurer and President's approval.
4. Non-Budgeted Expenses over \$2500 require Board's approval..
5. All requests for payment should be made through expense voucher, two weeks in advance.
6. Expense paid by any committee with out prior approval will not be reimbursed.