NEW COVENANT CHRISTIAN SCHOOL

Voucher Form

Request for Reimbursement

Date	Description of Expense	Amount
	SUBTOTAL	
	Less Cash Advance (if any)	
	Total Reimbursement	

****Please attach receipts.****

_____ _____ _____

Employee Name Employee Signature Date

FOR OFFICE USE ONLY

Request Denied ☐ Request Approved ☐ Method of Payment: _____

_____ _____ _____

Supervisor Name Supervisor Signature Date

Notes: _____

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