Southeast Idaho Retired Educators

Request of Reimbursement Voucher

Attachment B

Instructions: Complete the top part of the form and submit to the Treasurer of Southeast Idaho Retired Educators Association.

Member's Name: _____

Member's Address: _____

Purpose of the Reimbursement: _____

Itemized Receipts / Documentation - ***Receipts and/or documentation must be attached***)

Receipt Number	Date of Expenditure	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL REQUEST FOR REIMBUREMENT $ _____

_____ _____

Signature **Date**

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This Section to be completed by Treasurer of Southeast Idaho Retired Educators

Reimbursed to Member on: _____ _____

Date ***Treasurer's Signature***

Check No. :_____