

# National Volunteer Outreach Network, INC.

*Affiliated With*  
Country Women's Council USA. \* Associated Country Women Of The World

Member organizations working together to promote communication, education and volunteerism for all people.



## EXPENSE VOUCHER

PERSON SUBMITTING EXPENSES \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE HELD \_\_\_\_\_

PAY TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

*All requests for reimbursement of expenses incurred by authorized NVON members shall be submitted to the president within 60 days of the expenditure or the claim will be declared null and void.*

**Please attach receipts for meals, lodging, and items or services purchased.**

Expenses:

Budget Charged	Amount
___ Annual Dues CWC.....	_____
___ Annual Dues ACWW.....	_____
___ Annual Corporation Tax Fee.....	_____
___ Officer (list office).....	_____
___ VISION (mailing/printing).....	_____
___ Website Fee.....	_____
___ Other: Specify (See budgeted categories for current year)_____	_____
_____	_____
_____	_____

**Total Reimbursement** \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by President \_\_\_\_\_ Date: \_\_\_\_\_

Paid by Treasurer \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

**SEND TWO (2) COPIES TO THE PRESIDENT**