



VOLUNTEER EXPENSE VOUCHER/CHECK REQUEST

MAKE CHECK PAYABLE TO:			
PLEASE PRINT			
Name	_____		
Street	_____		
City	_____	State	_____ Zip _____

RECEIPTS MUST ACCOMPANY VOUCHER TO INSURE PAYMENT

TRAVEL (.58¢ per mile)

Date	From	To	EXPLANATION	Miles	Misc.	Total	
	↔						
	↔						
	↔						
	↔						
	↔						
	↔						
	↔						
	↔						
	↔						
SUB-TOTAL \$							

OTHER (Per Diem, Supplies, Telephone, etc.)

Date	Invoice No.	EXPLANATION	TOTAL	
SUB-TOTAL \$				
TOTAL CHECK AMOUNT \$				

I certify that I have incurred the following expensed on behalf of **embrella**. Receipts and/or copies of bills must be submitted with this voucher within 30 days of expenditure.

AUTHORIZATION (OFFICE USE ONLY)
<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <p style="text-align: center; margin-top: 5px;">Signature of Director or CEO</p>

Submit completed form to
embrella
101 College Rd East, 3RD Floor
Princeton, NJ 08540
or fax to 609.520.1515 or send via email