Sudbury Savoyards

Donations Receipt and Expense Voucher
Show/Year : _____

FOR TREASURER'S USE ONLY
Check #/Date pd.: _____

Description	$ Spent
Total Spent	
Amount to be Donated	
Payment Requested	

Savoyard Requesting Reimbursement: _____
(Print Name)

Signature_____Date _____

Position _____ Is this donation anonymous? _____

Street_____City_____Zip _____

Approval_____(Circle: Producer / TD / Chairman)

Whenever you incur expenses, please attach your store receipts and complete the expense voucher above. YOUR NAME goes in the signature line. Be sure to indicate the amount donated and the amount to be reimbursed to you. If you are donating part or all of the expenses, please also fill out the RECEIPT portion below. The Treasurer will sign the receipt and return it as acknowledgement for your tax records.

Sudbury Savoyards Donation Receipt

(Name)_____donated (amount) $ _____

non-reimbursed expenses incurred on behalf of the Sudbury Savoyards. Thank You.

Treasurer's Signature_____Date _____

All Net Proceeds are donated to the relief of world hunger through the United Methodist Committee on Relief.