

**North Carolina Society for Clinical Laboratory Science  
Expense Voucher**

Pay to: \_\_\_\_\_

Explanation: (Itemize your request and attach Receipts):

Address: \_\_\_\_\_  
\_\_\_\_\_

Provide in Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

President's Signature (required if request is not Budgeted):

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

Paid by

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Expense Request Total: \$ \_\_\_\_\_

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

Treasurer Signature:

Requesting Party's Signature:

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

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

**Attach** invoice or receipts and send to Treasurer. **Keep** a copy.