

CLEVELAND COMMUNITY COLLEGE GAMMA BETA PHI

EXPENSE VOUCHER

Attach Receipts or Copies as Available

<u>ITEM</u>	<u>COST</u>
JEWELRY, SHIRTS, PLAQUES, RIBBONS Purpose: _____ Business: _____	_____
SOCIAL FUNCTION EXPENSES Event: _____ Decorations: _____ Refreshments: _____	_____ _____ _____
OFFICE SUPPLIES _____	_____
SCRAPBOOK COST Book: _____ Film: _____ Photos: _____ Other: _____	_____ _____ _____ _____
PRINTING & DUPLICATING _____	_____
POSTAGE _____	_____
TELEPHONE _____	_____
OFFICIAL TRAVEL Event: _____ Destination: _____ Miles _____ X .15 per mile Lodging: _____ Meals: _____	_____ _____ _____ _____
OTHER EXPENSES (List Separately and Describe) _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
	TOTAL: _____

CHECK NUMBER: _____
PAYABLE TO: _____
DATE CHECK ISSUED: _____

I certify that the items for which I was reimbursed were used for Gamma Beta Phi Purposes.

Signature: _____