

**SOROPTIMIST INTERNATIONAL OF RIVERSIDE
P. O. BOX 1631
RIVERSIDE, CA 92502**

Request for Reimbursement Voucher

Date _____

Budget Category _____

Description of Expense _____

(Please attach receipt(s) with item(s) circled and identified for payment.)

Total Reimbursement _____

_____ This purchase has prior authorization from the Soroptimist International of
Riverside Board of Directors.

Date of Authorization _____

_____ This purchase is in the current year's proposed budget and within the allotted
amount.

Requested by _____

For Treasurer's Use

Amount Reimbursed _____

Check Number _____

Date Paid _____