

# Alabama NAWGJ Expense Voucher Reimbursement Request

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_  
Signature

Send Reimbursement To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach Receipts**

Please send reimbursement for:  
Amount

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Total Amount Requested**     \$ \_\_\_\_\_

***For Office Use:***

***Date Received:*** \_\_\_\_\_ ***Current Amount on Account:*** \_\_\_\_\_

***Amount Reimbursed:*** \_\_\_\_\_

***Remaining Balance/Account:*** \_\_\_\_\_

***Check #*** \_\_\_\_\_

***Date Paid:*** \_\_\_\_\_