

**SCMSA Book Fair Foundation  
Expense Reimbursement Voucher  
Book Fair Account**

**Fiscal Year 2016 - 2017**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**COMMITTEE/PROJECT** \_\_\_\_\_

**PLEASE CHECK ONE:**

**REIMBURSEMENT**     **CHARGE**     **DONATION**

**PLEASE ATTACH RECEIPTS TO THIS FORM**

ITEM	PLACE OF PURCHASE	AMOUNT

**RETURN FORM TO:**

Nancy Ulrich  
2300 Highland Park Circle  
Tyler, TX 75701-4733

**TOTAL:** \_\_\_\_\_

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

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

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

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