



**ASB EXPENSE VOUCHER**

**Personal Information:**

School/Dept \_\_\_\_\_

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Purchase Information:**

Please attach ***original itemized*** receipts showing proof of payment.

| DATE         | VENDOR/BRIEF DESCRIPTION | AMOUNTS |
|--------------|--------------------------|---------|
|              |                          |         |
|              |                          |         |
|              |                          |         |
|              |                          |         |
|              |                          |         |
|              |                          |         |
|              |                          |         |
|              |                          |         |
| <b>TOTAL</b> |                          | \$      |

I hereby certify the above expenses are correct and that no part of same has been previously paid to me.

Employee \_\_\_\_\_ Date \_\_\_\_\_