



HEBERT HIGH ALUMNI ASSOCIATION

P.O. Box 6642
BEAUMONT, TEXAS 77725

HEBERT HIGH SCHOOL ALUMNI ASSOCIATION

EXPENSE / REIMBURSEMENT VOUCHER

Individual Requesting Payment _____ Date: _____

Requested Payment Amount \$ _____

Reason for Expense / Reimbursement:

Please attach receipts and other supporting documents, obtain proper approval, and submit to the Alumni Treasurer for payment.

Reunion Expense \$ _____ Supplies / Equipment \$ _____

Printing / Postage \$ _____ Security \$ _____

Committee Expense \$ _____ Vendor Expense \$ _____

Registration Expense \$ _____ Other Misc. \$ _____

I hereby certify that the above expenses are true and accurate and are incurred in connection with performing duties as a representative of Hebert High School Alumni Association.

Signed: _____ Printed Name _____

Approved: _____

HHA Financial Secretary

HHA President

Paid by: _____ Date: _____ Ck. # _____

HHA Treasurer