



EPSILON SIGMA ALPHA

EXPENSE VOUCHER

*Please fill in the form below and send to the SERC Treasurer.
Please include all receipts.*

TO: SERC Treasurer
See SERC Executive
Board Roster for
information

FOR TREASURER'S USE ONLY	
VOUCHER #:	_____
CHECK #:	_____
ACCOUNT #:	_____

DATE PAID:	_____

FROM:

OFFICE:

ADDRESS:

CITY/ST/ZIP:

EMAIL:

FOR:

	\$
TOTAL	
<i>TOTAL AMOUNT OF THIS VOUCHER</i>	

*Please itemize expenses and attach all receipts.
Send two copies to the Treasurer.
Make a copy for your files.*

MAKE CHECK PAYABLE TO:

ADDRESS (if different from above):

SIGNATURE _____