CRCNA EXPENSE VOUCHER

Send this voucher to the CRCNA Chair, Treasurer, and Secretary. Please note: CRCNA IS NOT TAX EXEMPT but does have Colorado Resale Sales Tax Exemption License. Please contact CNAC for more information.

SUBCOMMITTEE: _____

EVENT/REASON FOR EXPENSE: _____

PAYABLE TO WHOM: _____

WHENEVER POSSIBLE, ATTACH ORIGINAL DETAILED RECEIPTS

Date	Business Name	Total Amount Paid	Budget Line Item for Purchase	If not Budgeted, Vote/Action & Date
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
	GRAND TOTAL PAID:	$		

_____ _____ _____

Subcommittee Chairperson (Printed) Chairperson Approval Signature Date

Payment Information:

Date: _____ Check#: _____ Amount of Check: $_____ Posted: _____

Notes: