



VOUCHER – ADMINISTRATIVE/OPERATIONAL ACCOUNT
(Request/Approval for payment of expenses)

Please submit this completed form and supporting documentation to Link Rose at r_boyd45@comcast.net or Mail to Arlington VA Chapter of the Links Incorporated PO Box 6252, Arlington, VA 22206

Date: _____ **Voucher Number: S-2024/25**
(Assigned by Treasurer)

Requester Name: _____
(Printed Name and Signature)

Total Amount Requested: \$ _____
(Attach supporting documentation for requesting amount, i.e., receipts, contract, etc.)

Purpose: _____

Please Designate Appropriate Budget Line:

Administrative Expenses (Chapter Officers)

- | | |
|---------------------------|--------------------------------|
| _____ President | _____ Financial Secretary |
| _____ Vice President | _____ Correspondence Secretary |
| _____ Recording Secretary | _____ Parliamentarian |
| _____ Treasurer | _____ Other |

Committee Expenses

- | | |
|--------------------------|-----------------|
| _____ Membership | _____ Social |
| _____ Rituals & Protocol | _____ Amenities |

Other Expenses

- | | |
|---|--|
| _____ Audit | _____ IRS Form 990 Preparation |
| _____ Bonding Insurance | _____ Bank Fees |
| _____ Eastern Area Exec Board/Cluster Meeting | _____ Souvenir Ads |
| _____ Inter-Service Club (Membership) | _____ Inter-Service Club (Luncheons) |
| _____ Eastern Area Conference (Delegate) | _____ Eastern Area Conference (Alternate) |
| _____ National Assembly (Delegate) | _____ National Assembly (Alternate) |
| _____ Chapter Meeting Luncheons (Members) | _____ Guest Luncheons |
| _____ Public Relations | _____ Operating Contingency\Self-Funded Projects |

Beginning Balance	\$ _____	Budget Chair _____	Date _____
		Committee Chair _____	Date _____
Total Authorized for Payment	\$ _____	President _____	Date _____
Amount Paid	\$ _____	Treasurer _____	
Ending Budget Balance	\$ _____	Check Number _____	Date _____
		Mailed/Delivered _____	Date _____

Distribution: Original – Chapter Treasurer Copy – President Copy – Requester