The Links, Incorporated
Linked in Friendship, Connected in Service
Arlington (VA) Chapter

VOUCHER – ADMINISTRATIVE/OPERATIONAL ACCOUNT

(Request/Approval for payment of expenses)

Please submit this completed form and supporting documentation to Link Francine Lane at Francinemlane@gmail.com or mail to Arlington VA Chapter of the Links Incorporated PO Box 6252, Arlington, VA 22206

Date: _____ **Voucher Number: S-2026/27-**_____ ☐ **Credit Card**
(Assigned by Treasurer)

Requester Name:_____
Printed Name *Signature*

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

Purpose:_____

_____

Payable to:_____

Mailing address_____

_____

Please Designate Appropriate Budget Line:

Officers (Select officer or Committee Chair requesting reimbursement. For Committee Chair, fill in committee name.

☐ President ☐ Financial Secretary ☐ Recording Secretary ☐ Parliamentarian
☐ Vice President ☐ Correspondence Secretary ☐ Treasurer ☐ Committee Chair_____

Committee Expenses

☐ Membership ☐ New Member Intake ☐ Social ☐ Rituals & Protocol
☐ Amenities ☐ Amenities EA ☐ Ethics

Other Expenses

☐ Audit ☐ IRS Form 990 Preparation ☐ External Audit ☐ Bonding Insurance ☐ Public Relations
☐ 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 Luncheon (Members) ☐ Guest Luncheons ☐ Chapter Meeting Venue ☐ Podcast
☐ Bank Fees
☐ Website Maintenance/Tech ☐ Tech Enhancements ☐ QuickBooks Subscription ☐ Mailbox
☐ Bookkeeping Services ☐ Storage
☐ Chapter Photo/Video ☐ Leadership Dev Mtgs & Seminars ☐ Operating Contingency\Self-Funded Project (Specify Project Name) _____ ☐ Other (Specify budget line item) _____
☐ Chapter History _____

TREASURER USE ONLY

Beginning Balance $_____ Budget Chair _____ Date _____
Total Authorized for Payment $_____ Committee Chair _____ Date _____
Amount Paid $_____ President _____ Date _____
Budget Balance$_____ Check Number #_____ Date _____

☐ Mailed to _____ Date _____
☐ Delivered to _____ Date _____