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

VOUCHER – SPECIAL/PROGRAM 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)

Requestor Name: _____ _____
Printed Name ***Signature***

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

Project Description/Expense Purpose: _____
_____

Payee Name: _____
Payee Address: _____
_____

PROGRAM AND FUNDRAISERS

In the box of your facet or program, select the appropriate box or fill in the budget line item for this expense.

Facet/Program Coordinator ☐ Program_____	International Trends and Services ☐ BPIA MAP Allocation ☐ STEAM+ ☐ Other _____	National Trends and Services ☐ Program_____ ☐ STEAM+
Services To Youth ☐ STEAM+ ☐ NSBE Jr ☐ Other_____	Health and Human Services ☐ Black Family Wellness ☐ Red Dress ☐ STEAM+ ☐ Other _____	The Arts ☐ Program_____ ☐ STEAM+
☐ Monte Carlo	CL Golf Tournament ☐ Golf Tournament ☐ Pin Sales	☐ Scholarship ☐ Partnership ☐ Administrative Cost ☐ Awards

COMMUNITY OUTREACH/SCHOLARSHIPS – List Organization Name OR Student Name/School – one voucher per org or student
_____
_____

----------**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 _____

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