

THURSTON COUNTY SCHOOL RETIREES' ASSOCIATION  
REIMBURSEMENT VOUCHER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Item(s) and/or Service(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget Line-Item Name: \_\_\_\_\_

*(For example: "Care and Concern")*

Receipt(s) Attached: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

Check # \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_