



# GREATER NEW HAVEN NAACP BRANCH

545 Whalley Ave., Ct 06511

## VOUCHER - REQUEST FOR PAYMENT/DISBURSEMENT

(All requests for reimbursements should be made within 90 days of purchase. It is imperative that you attach receipts for reimbursement and auditing purposes.)

Voucher No.: \_\_\_\_\_

Check No.: \_\_\_\_\_

### Disbursement type:

- Reimbursement
- Direct Payment
- Payment for Purchase Order/Invoice

Check Payable To: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_ Receipt(s)attached (Yes/No): \_\_\_\_\_  
(If applicable)

Date of Request: \_\_\_\_\_ Date of Disbursement: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Approval Authority: \_\_\_\_\_  
(Branch Board Meeting w/date / budget-admin. item / Committee budget / Other-explain)

I certify that the request for payment/disbursement listed above were/will be incurred in the conduct of official Greater New Haven NAACP Branch business and, to the best of my knowledge, represent valid claims for reimbursement, or payment.

**President Approval:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name Signature Date

**Secretary Approval:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name Signature Date

**Treasurer Sign-off:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name Signature Date