

**Redlands Camera Club**  
**Voucher/Reimbursement Form**

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

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

City/Zip Code: \_\_\_\_\_

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

Amount of reimbursement: \_\_\_\_\_

Business/Vendor: \_\_\_\_\_

Items purchased and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts must be attached.

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