

**CCCAOE**  
California Community College Association for Occupational Education

**VOUCHER**  
Request for Reimbursement

Name \_\_\_\_\_ Office \_\_\_\_\_  
 College \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date	Invoice No.	Description	Amount

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

**ORIGINAL RECEIPTS MUST ACCOMPANY VOUCHER FORM  
 SEND VOUCHER & RECEIPTS TO EXECUTIVE SECRETARY FOR PROCESSING**

Requested by \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY: Receipts Attached      Yes       No

Committee/Budget Account Charged: \_\_\_\_\_

Payee: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cost Center \_\_\_\_\_

Payee: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cost Center \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_