

GMAC REIMBURSEMENT VOUCHER

Date: / /

Reimbursement due to:
(member name)

Payment made to:
(supplier)

For:
(description of items or
services purchased
separate as best possible)
.....
.....
.....

Invoice No:
(suppliers invoice no)

Amount:
(amount of claim) \$

Reimbursement Paid By:
(treasurer to complete) Cheque / Cash

Cheque No:
(treasurer to complete)

Other details

.....
.....
.....
.....

This form is to be completed for ALL claims for reimbursement by members for expenses.
The original copy of the suppliers invoice must accompany each claim and total the amount
being claimed.

Please staple the invoices to the reimbursement form.

Thanks
Treasurer