



Expense Reimbursement Voucher

Pay To: _____
Address: _____
Amount: _____
Purpose: _____
Budget Line Item: _____
Signature: _____ Date: _____

PLEASE ATTACH RECEIPTS

For Treasurer's Use

Date Paid: _____ Check #: _____
Treasurer Signature: _____

**Mail To: Andrea McElroy
16 Ledgewood Drive
Wilton, CT 06897**