

FLORIDA ASSOCIATION OF SCIENCE TEACHERS

EXPENSE VOUCHER

NAME _____

OFFICE USE ONLY

PRES. RCD. _____

ADDRESS _____

APPVD. _____

CTY/ST/ZIP _____

TRES.RCD. _____

PHONE (wk) _____ (hm) _____

CK. SENT. _____

FAST Position _____

Please list each expense incurred and the amount in the spaces indicated. Sign, date, and attach original receipts to the voucher.

Vouchers should cover expenses incurred between successive Board meetings and be submitted to the President each Board meeting.

Reimbursals for major expenditures may be submitted to the President between meetings, by mail. Photocopies of the voucher and all receipts should be retained by the requesting officer.

It is the responsibility of each officer to keep incurred expenses under the budgeted limit or acquire prior approval of the President to exceed that limit.

ITEM	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

I hereby certify that the above expenses represent legitimate FAST business.

Officer's Signature

Date