

**Oklahoma State Council**

**Voucher Request Reimbursement Form**

**2023-2024**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TO:** | **Tammy Ramirez** | |  | ***FOR TREASURER USE ONLY*** | |
|  | **Oklahoma State Treasurer** | |  |  |  |
|  | **520 N 1st St** | |  | Voucher # |  |
|  | **Guthrie, OK 73044** | |  | Account Name |  |
|  |  | |  | Budget Amount |  |
| **FROM:** |  | |  | Account Balance |  |
|  |  | |  | Less Check Amount |  |
| **OFFICE / CHAIR:** |  | |  | New Account Balance |  |
|  |  | |  |  |  |
| **ADDRESS:** |  | |  | Check # |  |
|  |  | |  | Date Paid |  |
|  |  | |  | Amount of Check |  |
|  |  | |  |  |  |
| **SIGNATURE:** |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **MAKE CHECK PAYABLE TO:** | |  | | | |
|  | |  | | | |
| **ADDRESS:** *(if different from above***)** | |  | | | |
|  | |  | | | |
|  | |  | | | |

**FOR:**

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|  |  | $ |
|  |  |  |
|  |  | $ |
|  |  |  |
| **TOTAL AMOUNT OF THIS VOUCHER** |  | **$** |
|  |  |  |

You must have receipts to be reimbursed. Please itemize expenses and attach all original receipts to this Voucher Request Reimbursement Form. Turn in original form and original receipts. Keep a copy for your files. Please itemize expenses according to budget category. Use additional sheets, if necessary. Thank you.

**For questions contact: Tammy Ramirez, Oklahoma State Treasurer**

**Email: momofall4@yahoo.com or** [**treasurer@oklaesa.org**](mailto:treasurer@oklaesa.org)

**Phone: 405-812-8153**