

**WOMEN'S SYMPHONY LEAGUE OF TYLER
REIMBURSEMENT VOUCHER FORM**

COMMITTEE INFORMATION

CHAIRMAN _____

ACCOUNT/COMMITTEE NAME _____

DETAIL OF ITEMS PURCHASED:

AMOUNT \$ _____

Please attach all receipts and/or charge slips to this form.

Please remember that any SALES TAX is NOT reimbursable. Present the vendor with a copy of the Texas Sales Tax Exemption Certificate (found in your notebook) at the time of your purchase.

PLEASE SELECT ONE OF THE FOLLOWING THREE OPTIONS:

_____ This is a request for personal reimbursement

Name _____

Address _____

Phone _____

_____ This is a notice of a charge to WSL

Date of Purchase _____

Vendor _____

Address _____

_____ This expense is to be considered a donation. The amount will be recorded, and at the end of the year, a receipt will be written by the treasurer.

Donor's Name _____

Donor's Address _____

PLEASE MAIL THIS FORM WITH ALL RECEIPTS TO:

Tina Pollard
516 Contenders Way
Tyler, TX 75703
903.530.0555 (c)

For Treasurer's Records:

Amount _____

Check # _____

Date paid _____

The original of this form should be kept in your notebook and copies made as needed.