EKOJI BUDDHIST TEMPLE

REIMBURSEMENT VOUCHER

Date of Expense	Item/Description of Expense	Amount
	TOTAL AMOUNT	**$**

I hereby submit a reimbursement request for expenses incurred on behalf of the Ekoji Buddhist Temple as itemized above. **(Please attach the receipts.)**

_____ _____ _____
Date Signature Name (Typed or Printed)

Address: _____ _____
Street Name City, State, Zip

Home Phone: _____

Clearance by Admin Officer: _____ Date: _____

For over $500: Board Approval: _____ Date: _____
Board Member

Treasurer Signature: _____ Date: _____
( ) Paid by Check No. _____ Dated: _____
( ) Wire Transfer Ref. No_____ Transaction Date: _____

Form Date: 1/4/10