



Association of California School Administrators
ACSA Santa Clara County Region 8
Expense Voucher

Date: _____

To: Dorothy Reconose, Treasurer
Email to: dorothyreconose@gmail.com

Date of Expense: _____

Name of Event or Meeting: _____

Total amount being requested: _____

Issue reimbursement check to:

Name: _____

Street: _____

City, ST, ZIP _____

Phone #: _____

Email Address: _____

Attach copy of receipts to the email

Brief description of what was purchased. _____
