



Association of California School Administrators
ACSA Santa Clara County Region 8

Expense Voucher

Date: _____

To: Dorothy Reconose, Treasurer
Email: dorothyreconose@gmail.com
Cell: 510-427-9275

Date of Expense: _____

Name of Event or Meeting: _____

Total amount being requested: _____

Select your preferred form of payment:

- Venmo: Phone # or Account Name: _____
- Paypal: Phone # or Account Name: _____
- Zelle: Phone # or Account Name: _____
- Check: complete below

Name: _____

Street: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Brief description of what was purchased. _____

What Committee is this for? _____

Please attach a copy of the receipts to the email.