



Expense or Reimbursement Voucher

Date:	
Amount:	
Submitted by:	
Committee:	
Purpose:	
Check payable to:	
Mail check to:	
Address:	
City State and Zip:	
Approved by:	
<p>A signature is required from chairperson or director for related committee. <u>You can not approve your own expense.</u></p> <p><input checked="" type="checkbox"/> <u>Signature of Approved Chair or Director w/Date</u></p>	
<p>Once completed, please scan and email to rosannes@sbcglobal.net or mail to:</p> <p>KC CCIM PO Box 9582 Kansas City, MO 64133 Overland Park, KS 66085</p> <p style="text-align: right;">Questions, please call Rosanne at 816-313-7474</p>	
<p>Please attach your invoice or receipt here.</p>	