

NASSAU COUNTY WOMEN'S BAR ASSOCIATION

REIMBURSEMENT VOUCHER FOR FISCAL YEAR 2005/2006

Vouchers must be received within 45 days of incurring expenses.

1. All vouchers must be accompanied by invoices or receipts.
2. Please specify details of claim below.
3. Sign this certification.
4. Send vouchers and receipts to: Karen M. Dowd, Esq., Dowd & Dowd, 63 Cherry Lane, Syosset, NY 11791 (516) 921-1144

Date: _____

Payee: _____

Address: _____

City/State/Zip: _____

Expenditure Date: _____

Amount Due: _____

Identify Purpose of Expenditure: _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE AMOUNT IS TRUE AND CORRECT AND THAT THE SERVICES, MATERIALS AND SUPPLIES OR EQUIPMENT WERE ACTUALLY RENDERED AND/OR THE DISBURSEMENTS ACTUALLY AND NECESSARILY MADE ON BEHALF OF THE NASSAU COUNTY WOMEN'S BAR ASSOCIATION AND THAT NO PART THEREOF HAS BEEN PAID OR SATISFIED.

Signature: _____

Date: _____

Print Name/Title: _____

Office use only: Amt. Pd. _____

Check # _____

Date: _____

Category _____