

**SOUTHERN NEW HAMPSHIRE PARENT / CHILD PROGRAM  
REIMBURSEMENT VOUCHER**

Please attach your receipt(s) and written explanation to this voucher for purchases and complete Part A of the form below. Please return this voucher to the Wampum Bearer. Thank You!

**PART A**

Name: \_\_\_\_\_

Tribe/Event/Committee: \_\_\_\_\_

Phone #: \_\_\_\_\_

Expense Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

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**PART B**

Event/Committee/Account charged: \_\_\_\_\_

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Officer's signature: \_\_\_\_\_