

ARCH Staff

Aging Resources, Consultation & Help

This is a fillable PDF. Please fill in appropriate fields and submit Voucher electronically, and be sure to include any Supporting Documentation.

X one of the boxes below for the account to be charged – one form for each account.

ARCH Fund For Aging Concerns

Administrative Expense

Travel Expense

Program Expense

Requested by:

Name: _____

Date: _____

YES, I attached expense report, minute, bill

Payable to/Mail to: (print or type)

Full name of Organization [person only if expense]

Name _____

Address _____

City/State/Zip _____

Approved by: (Name & date)

Travel Expenses [registration, transportation, lodging, meals]

Must get prior written approval from account's Clerk
From **attached** Travel Expense form:

Location _____ Dates _____

Reason _____

Requested Reimbursement \$ _____

Administrative Expenses (bill)

Copying/Printing _____

Mailing _____

Phone/Electronic Communications _____

Publications Layout _____

Supplies _____

Other Administrative Expenses _____

Total Administrative Expenses \$ _____

Program Expenses (bill or minute)

Facilities/Rental Fees _____

Food/Beverages _____

Materials (e.g. books, calendars) _____

Speaker/Facilitator _____

Other Program Expenses _____

Total Program Expenses \$ _____

Contributions (minute)

Donations -- outside Organizations _____

Individual Witness _____

Scholarships and Stipends _____

Other Contributions _____

Total Contributions \$ _____

Payment Request \$ _____

To make a contribution for all or part please write a check to NYYM RSF, so an acknowledgment can be made.

For Accounting Use Only: