Goddard Auto Tech Center

Expense Voucher

Name: _____ Membership number: _____

Description of Expense	Amount
Total Expense Claimed	

I certify that the expenses listed above were incurred for supplies and/or consumables provided to the GATC. I recognize that all claims not pre-authorized are subject to approval and that submitting a fraudulent claim is reason for removal for cause.

_____ _____

Signature Date

Attach (staple) receipts here.