

Wantagh Chamber of Commerce Voucher

Event or Activity: _____

List items and cost, include date(s) of events if applicable. Attach receipts. If redeeming Wantagh Bucks, please attach them to this form.

	Item/Description of Expense	Cost
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Total amount to be reimbursed: _____

Make check payable to: _____

Mail check to: _____

Please bring this completed form to a Wantagh Chamber meeting, or mail to:

Wantagh Chamber of Commerce
PO Box 660
Wantagh, NY 11793

Questions? Please call 516-679-0100

For Chamber Use Only

Income/Amount to be Deposited: _____

Source of Income: _____

Profit or (Loss): _____

Chairperson (print name): _____ Date: _____

Treasurer (print name): _____ Treasurer (signature): _____