



Bingo Voucher Submission

Name of Bingo Worker: _____

Cheque Payable to: _____

Mailing Address: _____

Total Vouchers: _____

Total of All Receipts: _____

Voucher #	Voucher Issue Date dd/mm/yyyy	Voucher Amount

Total: _____

OFFICE ONLY

Amount of Claim: _____

Total Amount Paid: _____

Paid in full: _____

Cheque #: _____

Eft Email: _____

Issue Date: _____

Reimbursement will not be processed if any information is missing