



United Daughters of the Confederacy®
North Carolina Division

REQUISITION/VOUCHER FORM

Mail to: Peggy W. Johnson
40 Brookfield Ct.
Gibsonville, NC 27249-3338

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Expenditure (Please Check One)

To be reimbursed Payable to vendor

Date of Expenditure

Amount

Account Charged

Explanation of Expenditure – Please Attach Receipts

Signature _____ Title _____ Committee _____

Voucher No. _____ Amount _____ Date _____

Approved by _____

Date Paid _____ By Whom _____

Check Number _____ Account _____