Expense	Voucher
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REQUESTED BY:_____

-

DATE:_____

EXPENSE AMOUNT: _____ AUTHORIZED BY: _____

ACCOUNT NAME: ______ ACCOUNT NUMBER: ______ Note: If unsure of account name and/or number, see the appropriate budget section of the Annual Report.

DESCRIPTION OF EXPENSES (Attach receipts to this form.)

PAYABLE TO:_____

For Treasurer's Use Only

PAYMENT TO:

SEND [] HOLD []

Date Paid:

Check No: