

Expense Voucher
WASHINGTON-ALASKA DISTRICT
LWML

Date: _____

Pay to: _____

Address: _____

Phone # _____

Position: _____ Committee/Zone _____

Travel (committee and board meetings, President travel)

MILES (one way) _____ X 2 = _____ X 25¢ = \$ _____

Airfare \$ _____

Office Supplies \$ _____

Postage \$ _____

Telephone \$ _____

Evergreen Echoes printing \$ _____

Other officer and committee expenses \$ _____

Other Expenses \$ _____

Total Expenses \$ _____

Donation: yes _____ no _____ **Total donated** \$(_____)

Net Expenses \$ _____

Please leave blank for treasurer and signers

Donation Amount \$ _____ **Receipt #** _____ **Date** _____

Check No. _____ **Date** _____ **TOTAL PAID** \$ _____

Approval for payment for **committee members by VP Chairs**

Servant Resources, Christian Life, Gospel Outreach, Human Care

Approval for payment _____

District President

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Total Expenses \$ _____

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District President

Rev. 09-2008