Mount Baker Square Dance Council

Expense Voucher

Date_____

_____
Name

_____
Address

_____
City State Zip

_____
Office/Committee

Mail form to:
Tom Corning

Phone: 949.228.0719
E-mail: tomcorning@comcast.net

EXPENSE ITEM	BUDGETED FOR	AMOUNT
		$
	TOTAL	

Instructions:

- List items to be reimbursed. Identify the category/item in which this expense was budgeted.
- Attach itemized vendor bills and/or receipts for all listed items.
- Send completed form and attachment to the address listed above.

TREASURER'S RECORD

Date Paid	Payment authorized by:
Check #:	President
Account:	Recording Secretary