

Treasurer sign-off: _____

Paid Date: _____

CK#: _____

GFWC-WI Expense Voucher

Pay to: _____

Address: _____

Description of expenditure:	Account#	Amount
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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ATTACH RECEIPTS AND GIVE TO TREASURER

Total Amount: _____

Requested by: _____
_____(Title)

Date: _____

Approved by: _____(President)
Rev. 7/2019

Date: _____

Treasurer sign-off: _____

Paid Date: _____

CK#: _____

GFWC-WI Expense Voucher

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Description of expenditure:	Account#	Amount
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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