

**The League of Women Voters
of the Grand Traverse Area (Michigan)**

Expense Voucher

NAME: _____ . COMMITTEE: _____

ADDRESS: _____

EMAIL _____ . PHONE: _____

DATE: _____

TOTAL AMOUNT TO BE REIMBURSED: _____

FOR: _____

(attach receipts to voucher)

DATE PAID: _____ CHECK NUMBER: _____

BUDGET ITEM & NO.: _____

COMMENTS: _____

SIGNATURE OF TREASURER: _____