

LEAGUE OF WOMEN VOTERS OF SCARSDALE

EXPENSE VOUCHER – BOARD AND COMMITTEE MEMBERS

NAME _____ DATE _____

ADDRESS _____

POSITION IN LEAGUE _____

EXPENDITURES

<u>DATE</u>	<u>PURPOSE AND DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<u>TOTAL</u>	_____

(Signature)

PLEASE ATTACH BILLS OR RECEIPTS

AND RETURN TO: Debbie Miller, Treasurer
19 Benedict Road
Scarsdale, NY 10583-7303
914 723 6293; midi.mil@verizon.net

Treasurer's Use Only

Paid by check # _____

Date _____

Account charged: CAT: _____

MEMO: _____