UUCR Expense Voucher

Date of request: _____

Payee (use legal name): _____

Address: _____

_____ Zip code: _____

When? _____ US Mail or Mailbox? _____

Date	Vendor -- Item Description	Account	Amount	
			Total:	$0.00

Attach receipts in listed order.

Signatures: Date:

_____ _____

_____ _____

Treasurer or VP Finance signature:

_____ _____

Paid by Check # _____ Initials _____ date paid _____