

Palouse Patchers Expense Voucher/Reimbursement

Make Check Payable to: _____ Requested by: _____
 Address: _____ Date: _____
 (if needed & not attached) _____

Item(s)	Used for:	Amount
Total		

Additional Signature: _____ Date: _____

Paid by _____ Entered in Q - _____

Check# _____

Date _____

Category _____
(for treasurer's use)

Palouse Patchers Expense Voucher/Reimbursement

Make Check Payable to: _____ Requested by: _____
 Address: _____ Date: _____
 (if needed & not attached) _____

Item(s)	Used for:	Amount
Total		

Additional Signature: _____ Date: _____

Paid by _____ Entered in Q - _____

Check# _____

Date _____

Category _____
(for treasurer's use)