Michigan Association of Calligraphers

EXPENSE VOUCHER

Submitted by: _____

CHECK # _____
DATE _____
AMOUNT _____
FOR TREASURER'S USE

Please complete the information below, attach receipt(s) and submit the white & yellow copies to the Treasurer for payment. Indicate who the yellow copy goes to if not the person submitting the voucher. Keep the pink copy for your records.

Description	Quantity	Unit Price	Total	Committee and purpose
		TOTAL		

Make check payable to:	Mail payment to:
_____	Name: _____
_____	Address: _____
	City, Zip: _____
	Phone: _____