

EXPENSE VOUCHER

AL-ANON FAMILY GROUPS OF OHIO, INC.

CHECK #
DATE:
CK WRITER INT:

PAY TO: NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

OFFICER _____ CO-ORDINATOR _____ COMMITTEE _____ DR _____

RECEIPTS MUST BE ATTACHED

Budget	Committee/Event	DATE	ITEMIZED EXPENSE	AMOUNT
TOTAL EXPENSE				

LESS ADVANCE ()

SIGNATURE: _____

DATE: _____

AMOUNT DUE \$ _____

APPROVAL: _____