



Mount Baker Council

Expense Voucher

Mail form to:

Trish Porter
7327 40th Ave. NE
Seattle, WA 98115-6009
Phone: (206) 334-1177
E-mail: seattlesquare@aol.com

Date _____
Name _____
Address _____
City, State _____ Zip _____
Office/Committee _____

EXPENSE ITEM:	BUDGETED FOR:	AMOUNT:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Instructions: List items to be reimbursed. Identify the category/item in which the expense was budgeted

Attach itemized vendor bills and/or receipts for all listed items. Send completed form and attachments to the address listed above.

TREASURER'S RECORD

Date Paid: _____ Payment authorized by: _____
Check No: _____ President: _____
Account: _____ Recording Secretary: _____