

**Expense Voucher**  
WASHINGTON-ALASKA DISTRICT  
LWML

Date: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Position: \_\_\_\_\_ Committee/Zone \_\_\_\_\_

**Travel** (committee and board meetings, President travel)

**MILES** (one way) \_\_\_\_\_ **X 2** = \_\_\_\_\_ **X 25¢** = \$ \_\_\_\_\_

**Airfare** \$ \_\_\_\_\_

**Office Supplies** \$ \_\_\_\_\_

**Postage** \$ \_\_\_\_\_

**Telephone** \$ \_\_\_\_\_

**Evergreen Echoes printing** \$ \_\_\_\_\_

**Other officer and committee expenses** \$ \_\_\_\_\_

**Other Expenses** \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Donation:** yes \_\_\_\_\_ no \_\_\_\_\_ **Total donated** \$(\_\_\_\_\_)

**Net Expenses** \$ \_\_\_\_\_

Please leave blank for treasurer and signers

**Donation Amount** \$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **TOTAL PAID** \$ \_\_\_\_\_

Approval for payment for **committee members by VP Chairs**

\_\_\_\_\_  
Servant Resources, Christian Life, Gospel Outreach, Human Care

Approval for payment \_\_\_\_\_

District President

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**Other Expenses** \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Donation:** yes \_\_\_\_\_ no \_\_\_\_\_ **Total donated** \$(\_\_\_\_\_)

**Net Expenses** \$ \_\_\_\_\_

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District President

Rev. 09-2008