

EXPENSE VOUCHER

Pay to: _____ Amount: \$ _____ Date: _____

Mail to - Name: _____

Address: _____

City: _____ State: _____ Zip: _____

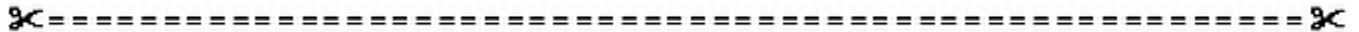
Reason for payment: _____

Voucher prepared by: _____

Voucher approved by: _____

Date remitted: _____ Check Number: _____ Amount: \$ _____

Send voucher to PFMC President: **Ruthann McChesney, 311 Scenic Ridge Ct., Mars PA 16046-2349** for approval with receipts attached. Any request for expenditures over \$150 must be approved by the President.



EXPENSE VOUCHER

Pay to: _____ Amount: \$ _____ Date: _____

Mail to - Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for payment: _____

Voucher prepared by: _____

Voucher approved by: _____

Date remitted: _____ Check Number: _____ Amount: \$ _____

Send voucher to PFMC President: **Ruthann McChesney, 311 Scenic Ridge Ct., Mars, PA 16046-2349** for approval with receipts attached. Any request for expenditures over \$150 must be approved by the President.