

**EXPENSE VOUCHER**

Pay to: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: \_\_\_\_\_

(name)

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.

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