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: Charlene Hubbard, 203 Lakeview Dr, Moon Twp., PA  15108
for approval with receipts attached. Any request for expenditures over $150 must be approved by the
President.

Pennsylvania Federation of Music Clubs, Inc.  www.pfmc-music.org

EXPENSE VOUCHER

Pay to: ___________________________ Amount: $ ___________ Date: ____________

Mail to - Name: ____________________________________________________________

Address: ___________________________________________________________________

City: __________________________ State: ___________________________ Zip: __________

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