

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.

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