

**PRESIDENT**

Justin Kalanish

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**VICE PRESIDENT**

Amanda Cronauer

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**SECRETARY**

Reuben McClelland

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**TREASURER**

Mike Finnigan

East Hills Engineering Assoc.

541 Main Street

Windber, PA 15963

(814) 467-6877

**RESEARCH PROMOTION CHAIR**

Chris Albright

East Hills Engineering Assoc.

541 Main Street

Windber, PA 15963

(814) 467-6877

**STUDENT ACTIVITIES CO-CHAIRS**

Kevin Walker

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

Sean Trabold

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**TECHNOLOGY TRANSFER**

Amanda Cronauer

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**HISTORIAN**

John Weiland

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**NEWSLETTER EDITOR**

**WEBPAGE EDITOR**

Dave Anderson

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**MEMBERSHIP PROMOTION CHAIR**

Paul Petrilli

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**YOUNG ENGINEERS IN ASHRAE**

Luke Shumaker

H.F. Lenz Company

1407 Scalp Avenue

Johnstown, PA 15904

(814) 269-9300

**GRASSROOTS GOVT ACTIVITIES**

Kyle Koval

East Hills Engineering Assoc.

541 Main Street

Windber, PA 15963

(814) 467-6877

**BOG**

Tom Sobieski



## 2017-2018 EXPENSE VOUCHER

|  |  |  |  |
| --- | --- | --- | --- |
| **TO:** | JOHNSTOWN TREASURER  Mike Finnigan | DATE: |  |

|  |  |
| --- | --- |
| PAY TO: |  |
| ADDRESS: |  |
|  |  |

NATURE OF EXPENSE: AMOUNT CLAIMED

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
|  |  | $ | 0.00 |
| TOTAL PAYMENT REQUEST |  | $ | 0.00 |
|  | After entering all claim amounts, right-click on the Total Amount and click on the "Update Field" line and your total will add automatically | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PRESIDENT: |  | DATE: |  |
|  | (Signature) |  |  |
| APPROVED FOR |  | DATE: |  |
| PAYMENT: | Treasurer (signature) |  |  |
|  |  |  |  |

1. Send this form to the President for his/her signature.
2. All vouchers must be accompanied by original bills received and approved by President.