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**BOG**

Tom Sobieski



## 2017-2018 EXPENSE VOUCHER

|  |  |  |  |
| --- | --- | --- | --- |
| **TO:** | JOHNSTOWN TREASURERMike 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.