



Lower CT Valley Branch

LCV Education and Scholarship Program

## Expense Voucher

Check One: \_\_\_\_\_ LCV Branch \_\_\_\_\_ Education and Scholarship Program

Office/Committee: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail check to: Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Expense	Description	Amount
Postage		
Hospitality/Meals		
Office/Event Supplies		
Venue Deposits		
Printing		
Other		

Complete interactive form. Submit to Treasurer; keep one for your files. Attach receipts when possible.

Mail to: Treasurer, LCV AAUW, PO Box 379, Old Saybrook CT 06475

Treasurer's Records: Check #. \_\_\_\_\_ Amount \_\_\_\_\_ LCV \_\_\_\_\_ ESP \_\_\_\_\_ Paid on \_\_\_\_\_