



Expense Voucher

Check One: ☐ LCV Branch ☐ Education and Scholarship Program

Office/Committee: _____

Make check payable to: _____

Mail check to: _____

Date Submitted: _____

Category	Description	Amount
Hospitality		
Venue Rentals		
Programs		
Membership		
Office Supplies		
Book Author Luncheon Celebration		
Book Author Luncheon Supplies		
Education or Program Registration		
Other		
Total		

Complete form. Print. Attach receipts. Keep copy for your files. Submit to appropriate Treasurer.

Mail or email to:

AAUW Treasurer LCV or ESP (please specify)

PO Box 379 Old Saybrook CT 06475

LCV Treasurer: Barb Dimberg barbdimberg@gmail.com

ESP Treasurer: Linda Frigon lindafrigon51@gmail.com

TREASURER'S RECORDS: CHECK # _____ AMOUNT _____ LCV ___ ESP ___ PAID ON _____