**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**