## **AAUW Traverse City Area Branch**

Expense Voucher

te Submitted:			
nted Name:			
gnature:			
***	PLEASE ATTACH RECEIPTS **	*	
Date of Activity	Purpose/Explanation	Amount	
Т	otal Amount to be Reimbursed		
1	otal Amount to be Remioursed		
Pate Check Issued:	Check #:		
amount of Check:			