



Expense Voucher

Member Name: _____ Callsign: _____

Address: _____ Date: _____

 _____ (Requestor information)

Purchased From: _____ Date: _____

Address: _____

Expensed Item	Purpose	Amount

Please Attach Receipt

(Purchase information)

 _____ (Approval Information)

Total Disbursed: _____

Check Number: _____

Account: _____

Date: _____

Treasurer: _____

Approval: _____

Please ask your treasurer for the proper procedures and methods for submitting expenses. All expenses must be for the specific benefit of the membership and be for educational, scientific, or public service purposes to carry out the requirements as set in the by-laws and IRS rules for 501(c)3 corporations.