



The League of Women Voters of Saratoga County
PO Box 1029, Saratoga Springs, NY 12866

Expense Voucher

Name _____

Date _____

Expenditures:

<u>Date:</u>	<u>Purpose and description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal: _____

If you wish to contribute all or any part of this, please subtract amount: _____

Total: _____

(Your Signature)

Attach bills or receipts. Submit to treasurer at board meetings or mail to our treasurer:

Steve Koebrich
718 Malta Ave Extension
Ballston Spa, NY 12020

Approved: _____

Paid by check # _____

Accounts charged: _____

Date: _____