For ASCLS-IA Use Only

Expense Voucher Form

This report covers the period from_____ to _____
(date) (date)

Date	Item/Description	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Total	$

Pay to
Address _____
_____
_____

Committee to be Charged_____
Signature of Committee Chairperson_____

Please attach receipts to expense voucher for items purchased and sent it to the President for approval. The voucher will then by forwarded to the Treasurer for payment.

APPROVED _____ **BY** _____
(date) **(President's Signature)**

ASCLS-IA Treasurer Use Only

Date:_____

Paid by Check#:_____

Amount:_____

Treasurer's Signature:_____