Fce

MICHIGAN ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION

EXPENSE VOUCHER

Include receipts where applicable

Make three copies: keep one, send two to the President

Date:_____ Office you hold:_____

Name:_____

Address:_____

City & Zip:_____

Purpose	Mileage	Supplies	Printing	Postage	Misc.	Treas. Only

Grand Total $_____ Approved by:_____Date:_____

Treasurer:_____Check Number:_____Date:_____