

Almond Country Quilters Expense Claim Voucher
Each Request must have a receipt or invoice

Date: _____ Committee: _____

Name: _____
(Please list items separately)

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Total: \$ _____

Make check payable to: _____

Paid on Date: _____ Check #: _____ Treas. Initials: _____

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