

**EXPENSE VOUCHER**

Pay to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Mail to - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

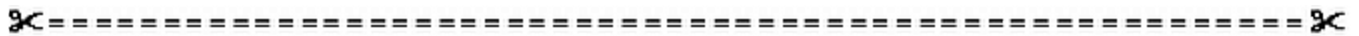
Reason for payment: \_\_\_\_\_

Voucher prepared by: \_\_\_\_\_

Voucher approved by: \_\_\_\_\_

Date remitted: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Send voucher to PFMC President: **Linda Maurhoff, 203 Downieville Rd, Valencia PA 16059-1413** for approval with receipts attached. Any request for expenditures over \$150 must be approved by the President.



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