

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:

Kristin Ivers, 1423 Keller Ave, Williamsport, PA 17701-2717 for approval with receipts attached.
Any request for expenditures over \$150 must be approved by the President.

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