



Expense Voucher

CHECK #:

DATE:

AMOUNT:

COMMITTEE:

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SEND PAYMENT TO:

SEND REQUEST TO:

Karlene Harrison
19691 Kingsview Drive
Mound City, MO 64470
Phone #: 660-572-0618

FAX: 660-442-3154
E-MAIL: karlene.harrison@mndcty.k12.mo.us

| QTY | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|---|-------------|------------|------------|
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| • RECEIPTS OF ALL EXPENSES MUST BE ATTACHED | | | TOTAL |

I hereby certify that all of the expenses included in the above statement were incurred in the discharge of official business and they are proper charges against the receipts. I also certify that I am not receiving reimbursement for these expenses from any other source.

Signature of Claimant Date

Signature of President Date

Signature of Treasurer Date