

**FLORIDA AAUW
ADMINISTRATIVE EXPENSE VOUCHER**

Date _____

PAY TO: Name _____
Address _____
City _____ Zip _____

EXPENSE AUTHORIZED BY:
Florida AAUW Budget _____
State Committee (specify) _____
Other (specify) _____

FOR: _____ amount _____
Supplies: _____

Printing/
Copying: _____

Telephone
(please list calls and purpose on a separate sheet & enclose copy of bill)

Postage _____
Other _____
Signed: _____
Position on State Board _____

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FOR STATE TREASURER TO COMPLETE:

Date Paid: _____ Check # _____ Amount _____

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