FLORIDA AAUW ADMINISTRATIVE EXPENSE VOUCHER

FLORIDA AAUW ADMINISTRATIVE EXPENSE VOUCHER

| | | Date | | | Date |
|--|---------|--------|--|---|--------|
| PAY TO: Name | | | PAY TO: Name | | |
| AddressZip | | | AddressZip | | |
| City | | Zip | City | | Zip |
| EXPENSE AUTHORIZED BY: | | | EXPENSE AUTHORIZED BY: | | |
| Florida AAUW Budget | | | Florida AAUW Budget | | |
| State Committee (specify) | | | State Committee (specify) | | |
| Other (specify) amount | | | Other (specify) FOR: amount | | |
| FOR: | | amount | FOR: | • | amount |
| Supplies: | | | Supplies: | | |
| | | | | | |
| Printing/ | | | Printing/ | | |
| Copying: | | | Copying: | | |
| Telephone (please list calls and purpose on a separate sheet & enclose copy of bill) | | | Telephone (please list calls and purpose on a separate sheet & enclose copy of bill) | | |
| Postage | | | Postage | | |
| | | | | | |
| | | | | | |
| Position on State Board | | | Position on State Board | | |
| | | | | | |
| FOR STATE TREASURER TO COMPLETE: | | | FOR STATE TREASURER TO COMPLETE: | | |
| Date Paid: | Check # | Amount | Date Paid: | Check # | Amount |