



DOOR COUNTY POWER SQUADRON EXPENSE VOUCHER

Payment is requested by _____ For expenses

Incurred by _____ DEPARTMENT/COMMITTEE in
 connection with DOOR COUNTY POWER SQUADRON business, for the following:

DATE	NATURE of EXPENSE	AMOUNT
	Postage	
	Other (Describe):	

Please attach paid bills and or receipts for reimbursement and or bills to be paid direct to a supplier to back of this form. If not available, you must explain.

REQUESTING PAYMENT BE MADE TO:

Name		Address	
City	State	Zip	Telephone
Signature of Member Requesting Payment		Date	
Signature of Squadron Officer Approving Payment		Date	

IMPORTANT
All Committee Chairpersons must have ALL EXPENSE VOUCHERS APPROVED by the SQUADRON OFFICER in charge BEFORE the completed forms are forwarded to the TREASURER. Thank You.

Check No.	Date	Ledger Ref	Amount	Issued To