

NORMANDEN 424 SONS OF NORWAY EXPENSE VOUCHER

Name _____

Address _____

Committee/Event _____

Date _____

The following is a list of expenses:

- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____
 - 5. _____ \$ _____
 - 6. _____ \$ _____
- Total expenses \$ _____

(Additional items can be listed on the back.)

Date paid _____ Check number _____

Treasurer's signature _____

NORMANDEN 424 SONS OF NORWAY EXPENSE VOUCHER

Name _____

Address _____

Committee/Event _____

Date _____

The following is a list of expenses:

- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____
 - 5. _____ \$ _____
 - 6. _____ \$ _____
- Total expenses \$ _____

(Additional items can be listed on the back.)

Date paid _____ Check number _____

Treasurer's signature _____