

WISCONSIN ANNUAL CONFERENCE

EXPENSE VOUCHER

PAYEE FIRST NAME INITIAL LAST NAME

PAYEE STREET ADDRESS

PAYEE CITY STATE ZIP

REFERENCE:

DESCRIPTION:

ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
APPROVAL SIGNATURE & DATE		\$
TREASURER'S OFFICE	CHECK NO.	CHECK DATE

ORIGINAL - Send to Conference Treasurer's Office with receipts for amounts over \$75.00
COPY - Retain for your records.

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