

## LV-MC - Expense Voucher

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Requested by: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

For (please attach receipts): \_\_\_\_\_

Signature \_\_\_\_\_

For Treasurer's Use Only:

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Signed: \_\_\_\_\_

Literacy Volunteers Marquette County, Inc. Po Box 671, Montello, WI 53949 [www.mcreads.org](http://www.mcreads.org)

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