



WASHINGTON-ROCHAMBEAU REVOLUTIONARY ROUTE
W3R-US

EXPENSE VOUCHER

DATE _____

PAYEE _____

ADDRESS _____

AMOUNT \$ _____

EXPLANATION OF EXPENSE(S):

Signature _____

PAID: _____

If submitting more than one invoice with this voucher, break down costs into categories, summing to the figure you entered on "Amount" line

DATE: _____

CHECK # _____

ACCT # _____

Example:

Printing	\$	_____
Postage	\$	_____
Refreshments	\$	_____
Fund Raiser (specify)	\$	_____
_____	\$	_____
TOTAL	\$	_____

Signature of Treasurer

Signature of Chairman

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ALL REQUESTS FOR ALL PAYMENTS MUST BE ACCOMPANIED BY ORIGINAL BILLS AND COPIES OF PRINTINGS. PAYMENT WILL NOT BE MADE WITHOUT DOCUMENTATION.

For approval, please send to: Mrs. Charles G.L. (Sallie) de Barcza, Chairman W3R-US, 5 Brightwood Lane, Bedminster, NJ 07921-1718