

Expense Voucher
Mountain Stars Quilters Guild

Date: _____

From: _____

Phone: _____

Account Name: _____

Check Payable to:

Name: _____

Address: _____

City, State, Zip: _____

Expense Description	\$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

For Treasurer's Use only

Date Received: _____ Date Paid: _____

Check#: _____ Amount: _____

Account Name _____

Notes _____

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