



National Extension Association for Family and Consumer Sciences
Tennessee Affiliate

EXPENSE VOUCHER

(Please print and make 3 copies. Send 2 to the President. Keep 1 copy for your files.)

NAME _____

ADDRESS _____

DATE	PURPOSE (receipts, include odometer reading for travel, etc.)	AMOUNT

GRAND TOTAL \$ _____

TOTAL REIMBURSEMENT \$ _____

Person Submitting _____

signature

TEAFCS Title _____

Date Submitted _____

Date Approved _____ TEAFCS President _____

Date Paid _____ Check Number _____