

EXPENSE VOUCHER -- LAND O' LAKES DISTRICT

NAME: _____

TITLE : _____

ADDRESS: _____

Explanation of Activities for which expenses
were incurred:

EXPENSES INCURRED :

TRAVEL (@ \$.40) \$ _____

LODGING \$ _____

POSTAGE \$ _____

TELEPHONE \$ _____

OTHER (Itemize)

_____ ... \$ _____

_____ ... \$ _____

_____ ... \$ _____

TOTAL \$ _____

SIGNATURE _____

DATE _____

(Attach receipts where applicable)

APPROVAL _____

Mail To: **Jack Edgerton**
1804 Conant Street
Stevens Point, WI 54481-5819

Date Paid ____/____/____ Check Number _____ Amount Paid : \$ _____

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