



Illinois Women of Today

Miscellaneous Voucher

Mail this form to USWT Treasurer.

Vendor _____ Date _____

Address _____ Total Amount \$ _____

City _____ State _____ Zip _____

Authorizing Officer _____

Please itemize and state purpose of each expense in the table below. Be sure to attach all receipts.

Explanation of Expense	Amount

For Treasurer's Use Only

Annual Budget _____ Date Paid _____

Paid Year to Date _____

Paid This Voucher _____ Check No. _____

Total Paid _____

Remaining Budget _____

Approved by _____