



Illinois Women of Today

Expense Voucher

Send completed form to IWT Treasurer, postmarked May 1st. Attach all receipts and itemize expenses below.

Name _____ Date _____

Position _____ Total Expenses \$ _____

Address _____

City _____ State _____ Zip _____

Signature _____

Expenses	Description of Expense	Quantity	Amount
Phone			
Postage			
Copies & Supplies			
Other Officer Expenses			
Incentives			
Travel			
Miscellaneous			

For Treasurer's Use Only

Annual Budget _____ Date Paid _____

Paid Year to Date _____

Paid This Voucher _____ Check No. _____

Total Paid _____

Remaining Budget _____

Approved by _____