For Executive Board Use Only

Voucher No: _____

Paid Date: _____

Check No: _____

Check Amount: _____

Kansas State Grange
Expense Voucher

Date: _____

Name: _____

Address: _____

C/S/Z: _____

Phone/Email: _____

Receipt Date	Description of Expense	Amount
	TOTAL	

**** Please itemize gratuity separately. ****

Make checks payable to: _____

All vouchers must be accompanied by receipts.

Approved: _____ Date: _____