



MAYFIELD

EDUCATION ASSOCIATION

Quality Education Quality Staff

Expense Voucher

Send Check To: (Please Print or Type)

Name: _____

Address: _____

City, State, Zip: _____

REIMBURSEMENT WILL ONLY OCCUR IF RECEIPTS ARE PRESENT and ITEMIZED

Please list your expenses on the following spaces:

Item	Purpose	Amount

Date: _____

Signature of Applicant: _____

Office Use Only

Treasurer's Signature: _____ Date: _____

Signature of President: _____ Date: _____

Category: Gov A&G Com Grv Tra Off Soc Item: _____

Check # _____ Amount: _____