Palouse Patchers Expense Voucher/Reimbursement Make Check Payable to: Requested by: Address: Date: _____ (if needed & not attached) Used for: Amount Item(s) Total Date: _____ Additional Signature: Entered in Q - \square Paid by _____ Check# Category ______ (for treasurer's use) Date _____ Palouse Patchers Expense Voucher/Reimbursement Make Check Payable to: _____ Requested by: Date: ____ Address: (if needed & not attached) Used for: Item(s) Amount **Total** Additional Signature: Date: _____ Entered in Q - \square Paid by _____

Check#

Date

Category ______(for treasurer's use)