



Council of Lutheran Women  
**Expense Voucher**

**ALL REIMBURSEMENT REQUESTS MUST BE ACCOMPANIED BY RECEIPTS.**

Pay to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Treasurer's Use	
Check #	_____
Date	_____
Amount	_____

Please send reimbursement for:

Date	Expense	Total

**Total** \_\_\_\_\_

Donation (Optional) \_\_\_\_\_

Net Check \_\_\_\_\_

Additional Information:

Signed \_\_\_\_\_

Approved

Position \_\_\_\_\_

\_\_\_\_\_  
Vice President

Date \_\_\_\_\_

\_\_\_\_\_  
President