



weaving•guilds•of•oregon•inc.

Expense Voucher

Please attach receipts or invoices for all items

Date: _____ Check one: Reimbursement
Payment to Vendor

Submitted by: _____

Address: _____ Zip _____

For payment to vendor please provide name and address:
Payment to: _____

Date	Description of Item(s)	Amount
Total		

Date Paid _____ Check No. _____



weaving•guilds•of•oregon•inc.

Expense Voucher

Please attach receipts or invoices for all items

Date: _____ Check one: Reimbursement
Payment to Vendor

Submitted by: _____

Address: _____ Zip _____

For payment to vendor please provide name and address:
Payment to: _____

Date	Description of Item(s)	Amount
Total		

Date Paid _____ Check No. _____