



*New York State Organization Of
Mothers Of Twins Clubs
founded in 1966*

EXPENSE VOUCHER Fiscal Year _____ - _____

**Please fill out all pertinent information.
Prepare three [3] copies with receipts: -
Send two [2] to the President by announced deadline.
One [1] for your file.**

Date:.....

Name:..... Board Position:.....

Address:..... Phone:.....

..... Soc. Sec.#.....

- 1. All supporting receipts must be attached**
- 2. Itemize below**
- 3. Attach copies of phone bills**

EXPENSES:

*******SPECIAL INSTRUCTIONS*******

Postage \$-----

PAYABLE TO: -----

Phone \$-----

MAIL TO: -----

Copies \$-----

Supplies \$-----

OTHER: -----

Misc. \$-----

\$-----

Subtotal \$-----

Advanced \$-----

Total \$-----

SIGNATURE-----

Date Received-----

Approved by-----,President

Date Paid-----

Paid by-----,Treasurer

Check Number-----

Amount \$-----