

# Zelienople-Harmony Athletic Association (ZHAA)

Expense Voucher

To: TREASURER

Request Date: \_\_\_\_\_

(print)

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

Amount: \$ \_\_\_\_\_

Reason/Desc: \_\_\_\_\_

Requestor signature: \_\_\_\_\_

*Treasurer signature:* \_\_\_\_\_

*Check #* \_\_\_\_\_      *Code:* \_\_\_\_\_      *Issue Date:* \_\_\_\_\_

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