

NORTH ALABAMA CONFERENCE
UNITED METHODIST WOMEN
EXPENSE VOUCHER

DATE: _____ CHECK # _____ EXPENSE AREA: _____

EXPENSE ACCOUNT OF:

(Please print or type)

Name

Address

Office

District

DATE	EVENT OR ACTION	TYPE OF EXPENSE	AMOUNT
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\$

TOTAL

\$

SIGNATURE _____

APPROVED BY:

CONFERENCE PRESIDENT

CONFERENCE SECRETARY