



EXPENSE VOUCHER

Office Supplies \$ _____

Telephone \$ _____

Postage \$ _____

Other Expenses \$ _____
(Describe below)

Description: _____

Total Voucher \$ _____

Submitted by: _____

Complete Address: _____

Approved by: _____ Date: _____

Please include all receipts or copies of receipts with voucher.
All expenses must have approval by ODACA's President before they can be paid.