



# New York State Organization Mothers Of Twins Clubs

## EXPENSE REFUND VOUCHER

Fiscal Year 20\_\_\_\_ - 20\_\_\_\_

Please fill out all pertinent information; make 3 copies.

Original with receipts attached plus one extra copy - mail to the State President. Retain a copy for your file.

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

Name: \_\_\_\_\_

Board Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

### EXPENSES:

### \*\*\*\*\*SPECIAL INSTRUCTIONS\*\*\*\*\*

Postage \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Advanced \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

Date Received \_\_\_\_\_

Approved by \_\_\_\_\_, President

Date Paid \_\_\_\_\_

Paid by \_\_\_\_\_, Treasurer

Check Number \_\_\_\_\_

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