



_____ Chapter - California Workforce Connection
Local Chapter Expense Voucher

_____ **NAME:** _____ **DATE:** _____

SIGNATURE: _____

STREET ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

PERSONAL PHONE: _____ WORK PHONE: _____

EMAIL: _____ CWC POSITION: _____

CHAPTER PRESIDENT SIGNATURE: _____

<u>CATEGORY No. & DESCRIPTION</u>	<u>AMOUNT</u>	<u>CHAPTER FUNCTION</u>
	\$	
	\$	
	\$	
	\$	

Attach Receipts **Total: \$**

CATEGORY NUMBERS & DESCRIPTIONS

- | | | |
|------------------------|-------------------|--------------------|
| 8340 Fundraiser Exp | 8830 Donation Exp | 8890 Equipment Exp |
| 8420 Training Exp | 8860 Bank Charges | 8891 Printing Exp |
| 8780 Meeting Exp | 8870 Postage Exp | 8980 Awards Exp |
| 8800 Other Meeting Exp | 8880 Supplies Exp | 8990 Misc. Exp |

Treasurer's Use

Date: _____ Check# _____ Amount Paid: \$ _____

Comments: _____

Treasurer's Signature: _____

