

Music Teachers' Association of California  
 Orange County North Branch  
**Expense Voucher**

Treasurer Only	
Date Received	
Check Number	
Date Paid	
Amount	

Program/Project: \_\_\_\_\_

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

Requested by: \_\_\_\_\_

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

Authorized by: \_\_\_\_\_

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

**Attach receipts. In Explanation, list source or explain charges. Record amounts in the appropriate column.**

Explanation	Office	Postage	Printing	Rent	Hospitality	Other*
SUB-TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL AMOUNT REQUESTED</b>						<b>\$ -</b>

Date Check Needed by: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Give Check to: \_\_\_\_\_

or

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Specify a category in Explanation column: State Dues, State Materials, Telephone, Contributions, Project Expenses, Convention Delegate, Refunds, Insurance, Speakers