

WEAVERS' GUILD OF ST. LOUIS

EXPENSE VOUCHER

Date: _____

Pay to the order of: _____

Address: _____

Description	Amount
(describe what you are being paid for; include name of event)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

PLEASE ATTACH RECEIPTS

Signature: _____

Approved: _____

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**To be completed by Treasurer:**

Amount Paid: \_\_\_\_\_

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

Check #: \_\_\_\_\_

Treasurers' Signature: \_\_\_\_\_

Circle one:

**General Fund --- Enrichment Fund --- BCG Endowment --- Oglander Checking**