

**Lancaster Band Boosters, Inc.  
Expense Voucher**

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

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

\_\_\_\_ Pay To: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Paid by Credit Card

Purpose of Expense: \_\_\_\_\_

\_\_\_\_\_

Receipt/Bill:     Attached     No (why?) \_\_\_\_\_

Budget Line Item or Number: \_\_\_\_\_

Person Requesting Payment: \_\_\_\_\_

Approved By (if applicable): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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