

**MICHIGAN STATE ASSOCIATION OF PARLIAMENTARIANS  
EXPENSE VOUCHER**

SUBMIT RECEIPTS WITH VOUCHER

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

Pay to: \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_

Office/Committee \_\_\_\_\_

For: (describe: e.g., postage, printing, stationery, etc.)

\_\_\_\_\_ \$  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approved by (when other than officer or committee chairman)

**SUBMIT TO THE MSAP TREASURER**

Diane M. Schrift, PRP  
2419 Yorkshire Road  
Birmingham, MI 48009

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**For Treasurer's Use Only**

Date Approved: \_\_\_\_\_ Voucher Number: \_\_\_\_\_

Payment Made: \_\_\_\_\_ Check Number: \_\_\_\_\_

Charge Budget Account (Name/Number): \_\_\_\_\_