

FOR THE TREASURER

Check #: _____
Date check mailed: _____
Month voucher filed in: _____

EXPENSE OR **INCOME**

COMMITTEE: _____

AMOUNT REQUESTING: \$ _____

CCQG VOUCHER

(Reimbursement for \$ spent on behalf of CCQG)

Date: _____

Make check payable to: _____

Address check will be mailed to:

Name _____

Street address _____

City _____ State _____ Zip code _____

This check was to cover the following expense:

SIGNATURE OF PERSON SUBMITTING VOUCHER: _____

PLEASE **ATTACH RECEIPTS** AND GIVE VOUCHER TO CISSY HOWELL AT A MEETING OR MAIL IT TO:

Cissy Howell, 219 Hawkes Ct., Hockessin, DE 19707