



**ORANGE COUNTY MUSIC EDUCATORS
ASSOCIATION**

www.orangecmeany.org

EXPENSE VOUCHER

DATE: _____
EVENT: _____
NAME: _____
ADDRESS: _____
ZIP: _____
TELEPHONE: _____

Please list expense and amount separately:

<u>EXPENSE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL: _____
	SIGNATURE: _____

Submit this form and **all receipts** for each expense to:

Laura Giorgio,
Washingtonville Middle School
P. O. Box 7
Washingtonville, NY 10992
(845) 497-2200 x21824
lgiorgio@ws.k12.ny.us

Date Paid: _____ Check #: _____ Code: _____