ORANGE COUNTY MUSIC EDUCATORS ASSOCIATION

www.orangecmeany.org

Expense Voucher

DATE: _____

EVENT: _____

NAME: _____

ADDRESS: _____

_____**ZIP:** _____

TELEPHONE: _____

Please list expense and amount separately:

EXPENSE	**AMOUNT**
_____	_____
_____	_____
_____	_____
_____	_____
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) 497-4000
lgiorgio@wcsdk12.org

Date Paid: _____ Check #: _____ Code: _____