



**CHURCH WOMEN UNITED IN GREATER DAYTON, OHIO**

**VOUCHER / REIMBURSEMENT**

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Description / Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I offer \$ \_\_\_\_\_ of my expense as a contribution to CWU. Please reimburse \$ \_\_\_\_\_

Signature \_\_\_\_\_

Approved by: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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

Check # \_\_\_\_\_