W My								EXPENSE VOUCHER			
<b>EUPMA</b>			Cha	ode:					_		
United Postmasters and Managers of America											
Pay to the Order of:											
	Street Address:						Date:				
City, State, ZIP:						Purpose:					
Telephone Number:					-	г	ii pose.				
r elepriorie Number	·				-						
	Detail Expense										
	Detail Expense										
	Totals										
	. 0 0										
Instructions: Re	ad Carefully										
A. All expense reciepts must be attached to voucher						Vouchers over 30 days must have explanation for tardiness					
B. Expense items must be clearly and correctly identified and						attached and submitted through the State President					
must represent monies actually expended on official						to the Executive Committee for approval. Vouchers over one					
business on behalf of the Association.  C. When credit cards are used, receipts are to be attached						year old will be denied.					
to this voucher.	ou, receipio di e io de dii	.aci 16u									

This voucher must be submitted directly to the IL UPMA within 30 days.

Send completed form to: IL UPMA State President, PO Box 714, Hazel Crest, IL 60429

Certified correct in the amount of

State Treasurer

Signature of Payee

State President

Verified