

# DISTRICT 7 EXPENSE VOUCHER

**mail to:**

North Florida District 7

Suite 101

18981 US HWY 441

Mount Dora, FL 32757

**email:** treasurer@lakecountyyaa.com

DATE SUBMITTED \_\_\_\_\_

YOUR NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LIST OF EXPENSES (PURCHASE DATE AND AMOUNT **PLEASE ATTACH YOUR RECEIPTS**)

_____	_____
_____	_____
_____	_____

TOTAL AMOUNT SUBMITTED \$ \_\_\_\_\_

**[for treasurer use]**

DATE PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

BUDGET CATEGORY \_\_\_\_\_