

**KENTUCKY EXTENSION ASSOCIATION OF FAMILY AND CONSUMER SCIENCES
EXPENSE VOUCHER**

Date Submitted: _____ County: _____

Submitted By:

Name: _____ Phone: _____

KEAFCS Position: _____

Address: _____

Pay to:

Name or Business: _____

Address: _____

Account Number: _____ Name: _____

Submit separate expense vouchers for each separate account.

* Let treasurer know where expense category is in KEAFCS budget.

Attach appropriate receipts and include itemized expenses and purpose below.

| DATE INCURRED | ITEMIZED EXPENSE INCLUDING PURPOSE | AMOUNT |
|---------------|------------------------------------|--------|
| | | |
| | | |
| | | |
| | Total | |

Comments: _____

Keep one copy. Send one copy and white original to:

Edith Lovett
P. O. Box 720
28 Parkway Drive
Somerset, KY 42503
(606) 679-6361

For Treasurer Use Only:

Date Received: _____ Date Paid: _____

Check Number: _____ Check Amount: _____

Check Name: _____

Comments: _____

Posted to Account # _____