`

Date:_____

Duluth Sail and Power Squadron

Expense Voucher

Event:_____

Description of Expense	Quantity	Unit Cost	Total
		TOTAL DUE	

PLEASE ATTACH ALL RECEIPTS

Payments made to:

_____

_____

_____

Phone: _____

Event Chair:_____

Treasurer: _____

Paid by Check #: _____

Date: _____