

**American Baptist Women's Ministries of Ohio
Expense Voucher**

Date _____

Name _____

Address _____

City _____ Zip Code _____

Phone Number _____

Please note: All requests must be accompanied by a receipt and all expenditures must be approved in advance by the State Officer in charge of the event.

<u>Description of Reimbursement</u>	<u>AMOUNT of Reimbursement</u>
Copying	
Postage	
Telephone Calls	
Supplies	
Other (be specific)	
Total Amount Requested	\$
Comments and/or Explanation of request:	

**Send to State Treasurer at:
Becky Winsley
1924 Euclid Ave
Zanesville, OH 43701**

**Or electronically to:
beckywinsley@gmail.com**