

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

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**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)	
<b>Total Amount Requested</b>	<b>\$</b>
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**