

# Lakota Education Association Expense Voucher

Check # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Acct \_\_\_\_\_

**Approval** \_\_\_\_\_ Pres/VP  
 \_\_\_\_\_ Treasurer  
 \_\_\_\_\_ Date

Name		Amount
Signature		Requested
Activity		
List		
Breakfast	(\$8.00)	
Lunch	(\$12.00)	
Dinner	(\$26.00)	

Staple Receipts to form and Submit to Treasurer for Reimbursement.