FOR TREASURER'S USE

Division # _____
Date Voucher was Paid _____
Check Number _____
Amount of Check _____

Sheet _____ of _____

DIVISION #_____

DIVISION EXPENSE VOUCHER

(On the reverse side of this form are guidelines regarding expenditures and documentation requirements.)

PLEASE PRINT OR TYPE

Name of Payee _____ Address _____

Telephone (_____)_____ City, State, Zip _____

DATE PAID / /	AMOUNT PAID $

DESCRIPTION OF TRANSACTION ***(Be Specific – see instructions on reverse)***

DIVISION COUNCIL CERTIFICATION

I certify that the above expenses were incurred for PEF business and proper receipts for all expenditures listed are attached.

Signature of Division Council Leader _____ *Date* _____
Signature of Division Council Treasurer _____ *Date* _____

VENDOR CERTIFICATION

Received from PEF Division # _____ *$*_____.____

Signature of Payee _____ *Date* _____

DV1157-2/98