

LSPO
Expense Voucher

LSPO Use Only:

Check #: _____

Date Paid: _____

Date: _____

Name: _____ E-Mail _____

Check Amount: _____ Need By Date: _____

Check Payable to: _____

Mail Check to: _____

LSPO Committee: _____

Brief Description and purpose of Expense:

Please attach original receipts or invoices if possible, and keep a copy of any originals for your records.

Return Completed Form to:

Maura Carty

15 Stonebrook Rd

Sudbury, MA 01776

Questions: email or call Maura (Mo) Carty: lsptreasurer@gmail.com , 978-590-7483