



THE PROFESSIONAL STAFF CONGRESS
OF THE CITY UNIVERSITY OF NEW YORK

MONTHLY EXPENSE VOUCHER

PAYABLE TO: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EXPENSE VOUCHER
FOR THE MONTH OF

_____ 200__

	DATE	TYPE OF EXPENSE	REASON	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15	TOTAL:			

**Please Attach All
Appropriate
Receipts • Bills • Etc.**

Signature _____

Date Submitted _____

Approved By _____ Date Of Payment _____

FOR OFFICE USE ONLY



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