



ASK ESP Expense Voucher

Name: _____ Voucher # _____
 Address: _____ Check # _____
 _____ Date: _____

Payee Signature: _____

<u>Expenses</u>	<u>Amount</u>
320 Officer Expenses	_____
300 Operational Expenses	_____
431 NEA RA	_____
462 Scholarships	_____
510 Bargaining Committee	_____
580 Member Release	_____
591 Membership Training	_____
610 Member Engagement	_____
640 Committee Meetings	_____
644 Wellness grants	_____
650 Retirement	_____
710 Executive Board	_____
720 Executive Board Retreat	_____
760 ASK-ESP RA	_____
770 OEA RA	_____

Total Expenses:	_____
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Description of expense(s):

<p>Approved for Payment</p> <p>_____</p> <p>President/Vice President</p> <p>_____</p> <p>Date</p>	<p>Approved for Payment</p> <p>_____</p> <p>Secretary/Treasurer</p> <p>_____</p> <p>Date</p>
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