



OAOHN EXPENSE VOUCHER

NAME (PLEASE PRINT): _____

Please attach all applicable receipts to this voucher. Submit to the PRESIDENT, RECORDING SECRETARY and TREASURER. The President and Secretary approve the expense(s) and the Treasurer will review and forward payment. Any form not complete will be returned.

| DATE | DESCRIPTION | AMOUNT |
|------------------|-------------|--------|
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| | | |
| | | |
| | | |
| TOTAL DUE | | |

I have a PayPal account and can accept payment using this email address:

By signing below, I confirm I am a current member in good standing and that these expenses are directly related to conducting the business of the Association:

Signature: _____ Date: _____

Internal Use Only

Date Paid: _____

Payment Method:

Check #: _____

PayPal (Date pymt was accepted): _____

OAOHN Treasurer Signature _____ Date _____

Address: _____

City: _____ State: ____ Zip: _____

 OAOHN President Signature Date Approved

 OAOHN Secretary Signature Date Approved