

TREASURER Check # _____ Amount _____ Date _____
 USE Zelle _____ PayPal _____ Other _____



**Send this form with supporting documentation
 (receipt/s, invoice) to:**
WAG c/o Cheryl Henning
PO Box 12571 • Salem, OR 97309
 - or -
wagpay@wagagility.org

EXPENSE VOUCHER

General description of expense/s, including name of trial or event as applicable:

Itemized expense/s:

1.		
2.		
3.		
4.		
5.		
6.		
TOTAL		

Method of payment:

Check
 Zelle
 PayPal (vendor payments only)
 Other (describe)

Name of payee

*Mailing address for check - or - verified phone or email
for Zelle or PayPal account*

Submitted by

Printed name

Signature Date

Email Phone