

**LAKELAND PLAYERS COMMUNITY THEATRE**

*EXPENSE VOUCHER*

DATE: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

CHAIR: \_\_\_\_\_

DESCRIPTION:

AMOUNT: \_\_\_\_\_  
(PLEASE ATTACH RECEIPTS)

MAKE CHECK PAYABLE TO: (PLEASE PRINT)

NAME: \_\_\_\_\_

MAIL CHECK TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

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