

# Des Moines Woodturners, Inc. – AAW Chapter 158

## PAYMENT REQUEST VOUCHER

(Please print or type all data)



Indicate Payment Type (Check one):

DMWT Expense Reimbursement    
  Vendor Payment    
  VISA CC Purchase

Purpose of Expenditure: \_\_\_\_\_

Please itemize and total attached receipts or invoices requiring payment.

	DESCRIPTION	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
<b>Total Requested:</b>		

I hereby certify that these expenses were incurred for the operation of the Des Moines Woodturners.

Requested By: \_\_\_\_\_  
PRINT

Date: \_\_\_\_\_  
PRINT

Signature: \_\_\_\_\_

Make Check/Payment Payable to: \_\_\_\_\_

(Check one):  Requestor  
 Vendor → \_\_\_\_\_  
 USB VISA CC

Mail Check to this address:  
(PRINT CLEARLY)  
 \_\_\_\_\_  
 \_\_\_\_\_

Deliver this payment request to: the Chapter Treasurer or as directed:  
 Chapter Treasurer – Tom Baker, 602 Third St. S.E., Altoona, IA 50009

DMWT\_Expense\_Voucher.doc Rev2017-01-06

**SPACE BELOW FOR DES MOINES WOODTURNERS INC ADMINISTRATIVE USE ONLY**

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Acct: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #/EFT#: \_\_\_\_\_