



EPSILON SIGMA ALPHA

Louisiana State Council EXPENSE VOUCHER

*Please fill in the form below and send to the LSC Treasurer.
Please include all receipts.*

TO: STATE TREASURE

Wanda Ferris
23095 Arcwood Drive
Denham Springs, LA 70726

FROM: _____

OFFICE: _____

ADDRESS: _____

CITY/ST/ZIP: _____

EMAIL: _____

FOR:

TOTAL	
TOTAL AMOUNT OF THIS VOUCHER	

FOR TREASURER'S USE ONLY	
VOUCHER #:	_____
CHECK #:	_____
ACCOUNT #:	_____

DATE PAID:	_____

*Please itemize expenses and attach all receipts.
Send a copy to the Treasurer.
Make a copy for your files.*

MAKE CHECK PAYABLE TO: _____

ADDRESS (if different from above):

SIGNATURE: _____