

Expense Voucher

Town of Holliston

Date\_\_\_\_\_

To:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date	Expense	Amount	Total

Total Amount

Vendor #\_\_\_\_\_

Org. # \_\_\_\_\_

Obj. # \_\_\_\_\_

Amount: \_\_\_\_\_

Approved for Payment:

\_\_\_\_\_