WISCONSIN FIRE INSPECTOR'S ASSOCIATION

Dedicated to the prevention of fire thru Fire Inspection and Public Education

Expense Voucher

Date _____ **Area** _____

Name _____ **Phone Number** ( )_____

Address _____

City _____ **State** _____ **Zip** _____

Signature of Submitter _____

Date	Description of Purchase	Amount
	Please Attach Receipts to this form **Total**	

FOR OFFICE USE ONLY

Date Received _____ Date Paid _____ Voucher Number _____

Approved _____ Amount Paid _____ Check Number _____

Secretary/Treasurer's Signature _____ **Date** _____