Colonial League for Interscholastic Sports

Expense Voucher

Name of School Requesting Payment:	
Name of Person Requesting F	Payment:
Make Check Payable To:	
Mail Check To:	
Reason for Expenditure:	Amount:
	Total: =====
PLEASE ATTACH ALL IT	<u>'EMIZED RECEIPTS, INVOICES, STATEMENTS, ETC.</u> (for office use only)
Check #	Date
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