

# ARIZONA FEDERATION OF REPUBLICAN WOMEN EXPENSE VOUCHER

**Please return to:**  
Terrie Roberg  
271 Locust Lane  
Lake Havasu City, AZ 86403-8620

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**OFFICE/COMMITTEE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Following are reasonable and necessary expenses of AzFRW that I have incurred.  
All receipts are attached on to a separate piece of paper

1. Mileage @ \$0.50 per mile (driver only).

To/From	Date	Miles	Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>TOTAL</b>	_____	\$ _____

2. Postage

_____	_____		\$ _____
_____	_____		_____
_____	_____		_____
_____	_____		_____
	<b>TOTAL</b>		\$ _____

3. Photocopies

_____	_____		\$ _____
_____	_____		_____
_____	_____		_____
_____	_____		_____
	<b>TOTAL</b>		\$ _____

4. Supplies

_____	_____		\$ _____
_____	_____		_____
_____	_____		_____
_____	_____		_____
	<b>TOTAL</b>		\$ _____

5. Long-distance Telephone Calls

_____	_____		\$ _____
_____	_____		_____
_____	_____		_____
_____	_____		_____
	<b>TOTAL</b>		\$ _____

<b>Approved:</b> _____	<b>Date:</b> _____	<b>Check #</b> _____
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**TOTAL**      \$ \_\_\_\_\_