



**Women of Reform Judaism  
Pacific District  
VOUCHER**



Check payable to:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office use only	
Voucher No.	_____
Check No.	_____
Date	_____
Amount	_____

Use as many lines as necessary for each item below:

Accounts to be charged	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List bills attached: **TOTAL AMOUNT** \_\_\_\_\_

Authorized by \_\_\_\_\_, President — Approved by \_\_\_\_\_, Treasurer  
Turn in 2 copies of this voucher to President for payment.



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