



# PNW/ASI Reimbursement Voucher

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Committee (if any): \_\_\_\_\_

Description: Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_

### Attach Receipts to this voucher

*For PNW/ASI Treasurer's use only:*

Treas. Init.	Date Pd	Ck#
<i>Project</i>	<i>Category</i>	<i>Amount</i>

Mail to: Sheila M. Ryan, PNW/ASI Treasurer  
1653 SE Marion Street  
Portland, OR 97202-7238  
415-810-4858  
ryanindexing@gmail.com



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