

Operations Expense Voucher

Joint Council of Extension Professionals

Please complete and submit to:

JCEP National Office
 450 Falls Avenue Suite 106
 Twin Falls, ID 83301
 Phone: 208-736-4495
 Fax: 208-736-6081
JCEPOffice@jcep.org
 Website: www.jcep.org

Voucher Number _____

Attach original statements or receipts.

Individual/Business Payee: _____

Address: _____

Expense for: National Leadership Conference ____ PILD ____ General ____ Galaxy IV ____

<i>Date</i>	<i>Purpose of Expense</i>	<i>Amount</i>

Grand Total _____

I certify that the above stated expense items were incurred for official business of JCEP.

Person Submitting: _____ Date Submitted: _____

Signature: _____

Office/Position: _____

Approved by JCEP President: _____ Date Approved: _____

Paid by JCEP Treasurer _____

Date Paid: _____ Check Number: _____