

Kit Carson Riding Club, Inc.

P.O. Box 88075
 Black Forest, CO 80908
www.KitCarsonRidingClub.com



EXPENSE VOUCHER

Receipt Attached?	Expense/Purpose	Amount:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Total:		

_____ Requestor (Printed) Name _____ Requestor Signature _____ Date

For BOD Use Only

Payment Method	Amount Paid	Date Paid
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		
President:	BOD MAL:	
Vice President:	BOD MAL:	
Secretary:	BOD MAL:	
Treasurer:	BOD MAL:	