

UKRAINIAN AMERICAN VETERANS, INC.

EXPENSE VOUCHER (other than travel)



DATE:			
PAYEE:			
ADDRESS:			
ITEM:			AMOUNT:
			TOTAL:
For Use by Finance	o Officer Only		
•	·		
CHECK #:	DATE PAID:		AMOUNT:
APPROVED BY:			
	Printed Name	Signature	Date

UAV National Finance Officer

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