

H.O.P.E. EXPENSE VOUCHER

1. Expense Category Number _____ Pay Date _____
2. Expense Category Name _____
3. Check Payee _____
4. Total Expense _____
5. Describe Expenses (attach receipts, subs and date) _____ Check # _____

Submitted by: _____

Date _____

Approved by: _____

(Authorized Officer)