

EXPENSE		VOUCHER	
NYS RETIRED	TEACHERS' ASSOCIATION:	CENTRAL	WESTERN ZONE
TO:		_____	
ADDRESS:		_____	

MEETING	ATTENDED	DATE
TRANSPORTATION		
HOTEL		
MEALS		
OTHER EXPENSES		
		TOTAL

Approved for Payment:
 Amount: \$ _____
 Date: _____

_____ President's Signature
 Check No: _____

RETURN TO: Betty Pilato
 2499 Sanitarium Rd.
 Clifton Springs NY 14432