

Upper Darby Fire Fighters Association

Expense Voucher

Date: _____

Name _____

Title _____

Address _____

Date	Location and Description of Activities <i>(only one day per line)</i>	Mileage	Tolls	Misc.	Per-Diem	Total
		Miles @ \$.50				
TOTALS						

Explanation

Approved _____
President or Designee

Treasurer or Designee