WAYSIDE YOUTH & FAMILY SUPPORT NETWORK

1 FREDERICK ABBOTT WAY

FRAMINGHAM, MA 01701

STAPLE ORIGINAL RECEIPTS ON BACK OF PAGE 1

Page _____ of _____

EXPENSE VOUCHER

FY 15

NAME: _____

(PLEASE PRINT)

DEPT #: _____ MONTH: _____

*****PLEASE ATTACH RECEIPTS TO THE BACK OF THIS VOUCHER**

Frequently Used Expense Category #'s	
Ed/Rec & Supp.	7700
Food	7500
House/Maint.	7705
Med/Pharm. Supp.	7600
Med/Pharm. Supp.	7600
Office Supp.	8690
Other Client Care	7330
Other Trans. Exp.	7525
Printing	8680
Staff Training	7400
Telephone	8650

DATE	DESCRIPTION OF EXPENSE ITEM	EXPENSE CATEGORY #	$ AMOUNT

FORWARD TO ACCOUNTS PAYABLE

TOTAL ALL PAGES ON PAGE 1

TOTAL 7700	$0.00	TOTAL 7330	$0.00
TOTAL 7500	$0.00	TOTAL 7525	$0.00
TOTAL 7705	$0.00	TOTAL 8680	$0.00
TOTAL 7600	$0.00	TOTAL 7400	$0.00
TOTAL 8690	$0.00	TOTAL 8650	$0.00

_____

EMPLOYEE SIGNATURE

Grand Total	**$0.00**

_____

PROGRAM DIRECTOR SIGNATURE

FOR ACCOUNTING DEPT. USE ONLY

RECEIVED: _____

BATCH #: _____

REFERENCE #: _____

ACCOUNT #: _____

SUB ACCOUNT #: _____

POSTED DATE: _____

4/1/2013