



Association of Public Historians of New York State

PO Box 251
Vestal, NY 13851
607-235-3018

Expense/Reimbursement Voucher

Name _____ Date _____

Address _____

Phone: _____

Email _____

Date	Quantity	Description of Materials/Services	Unit Price	Total
				\$

Provide Office / Committee / Activity: _____

Explanation of Expense: _____

Send completed form and receipts to:

APHNYS
P.O. Box 251
Vestal, NY 13851

Or scan the completed form and receipts as a PDF and email to: aphnystreasurer@gmail.com