



Association of Public Historians of New York State

PO Box 1363
Sag Harbor, NY 11963
631-275-3374

Expense/Reimbursement Voucher

Name _____ Date _____

Address _____

Phone: _____

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

Provide Office / Committee / Activity: _____

Explanation of Expense: _____

Send completed form and receipts to:

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