

**Western Michigan Area Local
American Postal Workers Union, AFL-CIO
Check Requisition Voucher**

Notice: Authorizing document must be attached (ex. Membership meeting minutes, receipt, excerpt from constitution or policy, etc.)

Expenditure Authorized by:

Membership/Motion [] Budget [] Constitution [] Policy/By-Laws [] Other []

Signature _____ Date _____

Name (Print) _____

Attach receipt/documentation to back of form

Description/Purpose/Quantity	Cost	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Write check to: _____

Mail check to: _____

← _____ FOR OFFICIAL USE ONLY _____ →

Authorized Signatures:

_____	_____	Total Paid _____
President	Date	
_____	_____	Check # _____
Treasurer	Date	