GFWC Billings Junior Woman's Club VOUCHER 2025-2026

Date Requested: _____

Amount requested: _____

Reason:_____

Payable to:_____

Address:_____

Committee:_____

Approved by Committee Chair:_____

Sales receipt or other proof of purchase MUST be attached for payment Donations: Please include addressed envelope and 2 letters, one for payee and one for the treasurer.

****

Date_____ Check # _____

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