ALBERNI VALLEY LIONS CLUB REFUND VOUCHER/PAYMENT INFORMATION

Name:	Name:					Date				
Project:	 			Amount: \$						
Re	fund to Lion	Lion's Signature_								
Pay	/ment to supplier((s), see table below. Please at	tach all bills or	receipts and	return to) Treasi	urer.			
			,	/		2/	-			
					Treasu	Treasurer Only.				
				_		CHE	QUE#			
SI	UPPLIER	ITEM	AMT	DATE	ADM	ACT	GAM	VIS		
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