

**ALBERNI VALLEY LIONS CLUB**  
**REFUND VOUCHER/PAYMENT INFORMATION**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Refund to Lion                      Lion's Signature \_\_\_\_\_

Payment to supplier(s), see table below. **Please attach all bills or receipts and return to Treasurer.**

← **Treasurer Only.** →

SUPPLIER	ITEM	AMT	DATE	CHEQUE #			
				ADM	ACT	GAM	VIS

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