SOUTHWEST INDIANA WALK TO EMMAUS PAYMENT VOUCHER

Name and address _____

_____

Walk # _____ Position _____ Date _____

Date	Amount	Description of Expense
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Mail to:		
Linda Letterman, SIWE Treasurer		SIGNATURE _____
445 Rumbach Avenue		DATE: _____
Jasper, IN 47546		NOTES:
Cell: 812-631-3060		
lletterman@stens.com		