

**LEOFF 1 EXPENSE VOUCHER
CITY OF OAK HARBOR**

Name _____
Address _____

	DATE	RECEIPT DESCRIPTION	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
GRAND TOTAL			

REVIEW BY BOARD
Date Reviewed:
Approved or Denied (circle)

INTERNAL USE ONLY	AMOUNT
001.50.521.10.2900	
TOTAL	

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

 CLAIMANT SIGNATURE Date

 LEOFF 1 BOARD SECRETARY/ CITY CLERK Date

 POLICE CHIEF Date