



**MARQUETTE
UNIVERSITY
HIGH SCHOOL**

For Faith, Scholarship and Community

Mothers Guild Voucher

Date: _____

PAY TO: _____ **AMOUNT \$** _____

ADDRESS: _____

EVENT: _____

CATEGORY: _____ (printing, decorations, food, etc.)

CHAIRPERSON: _____ (signed) _____ (date)

TREASURER'S USE

AMOUNT PAID: _____ **DATE:** _____

CHECK NUMBER: _____

INVOICE DATE: _____ **INVOICE NUMBER:** _____

APPROVED FOR PAYMENT: _____ (Treasurer)

_____ (President)