MASSACHUSETTS STATE GRANGE
PAYMENT VOUCHER

Check payable to (Name): _____

Address: _____

Town: _____ MA _____
Zip Code

For the month of _____ **Date of this bill** _____

Date	Memorandum of Account	Total	
	Approved by:		
	Date:		
	Total Amount:		

Forward Payment Voucher to the State Master for Approval

Approved for $ ……

Date ……..

……..……Master

……..……..…..Auditor

Treasurer, Charge as follows:

Master		
Lecturer		
Chaplain		
Treasurer		
Secretary		
Executive Committee		
Educational Aid Fund Trustees		
Deputies		
Agriculture & Environment		
Heifer Project International		
Family & Community Action		
Deaf & Hearing Awareness		
Historian		
Junior Grange		
Lecturer's Coordinating Committee		
Legislative Director		
Library/Museum - Penny A Day		
Membership/Leadership		
Preservation of Buildings & Property		
Y.L.T.S.		
M.S.G.Y.L.A		
Young Adults Committee		
Youth Committee		
State Grange News		
Information/Web Site		
Travel Fund		
Annual Audit		
Dinner Dance		
Dues/Fees - National Grange		
Dues/Fees - Other		
Equipment		
Miscellaneous Expenses		
N.E. Lecturers Conference		
N.E. Leaders Conference		
Officers Bond and Insurance		
Printing		
Payroll		
State Session		
State Session Advance		
Ways & Means		
Total Amount		