TOWN OF ELLINGTON	EXPENSE VOUCHER
FINANCE OFFICE	
Pay To:	DATE:
	Account #
Expenses: (attached all receipts)	
(Department Head/Supervisor Signature)	Total \$.
TOWARI OF FILLINICTON	
TOWN OF ELLINGTON	EXPENSE VOUCHER
FINANCE OFFICE	
Pay To:	DATE:
	Account#
Expenses: (attached all receipts)	