



PAYMENT VOUCHER

Date _____ Check Number _____

Check Date _____

Payee:

Building: _____

Directions: Attach receipts and itemize expenses with specific dates, purpose, committee, meetings, convention, travel, etc. and sign below. List miles driven for mileage reimbursement. When 2 receipts are provided in credit card transactions at restaurants, list the tip amount on the itemized restaurant receipt and attach. (Keep the copy with the printed tip line and your credit card number for your records). *The person requesting payment or reimbursement must Sign the Requested By Line*

Description:

**Account
Number Amount**

Description:	Account Number	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____ ← All vouchers must be signed

Approved by: _____

Approved by: _____ **TOTAL** _____



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