PAYMENT VOUCHER

Date _____ Check Number _____

Payee: Check Date _____

Description: Itemize expenses with specific dates, purpose, committee, meetings, convention, travel, etc. and sign below. List miles driven for mileage reimbursement. Sign form on *Requested B*y Line

	Account Number	Amount
	TOTAL	

Requested by:_____

Approved by:_____

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