



VOUCHER PAYMENT FORM

Committee/Event _____

Date of Request _____

Check Made Payable To _____

For \$ _____

Items/Services Purchased -- Attach Receipts. (For performers, please provide address, phone number and taxpayer identification number)

Requested By (Signature) _____

Date Needed _____

PLEASE NOTE: Before any funds are disbursed, all information on this form must be completed. Please allow at least one week for check to be issued.

(Treasurer Use Only)

Date of Check _____ Check Number _____

Amount of Check _____

Budget Item _____

Issued By _____



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