

PAYMENT VOUCHER

Date of Voucher: _____

Committee/Position charged with expense: _____

Amount of Expense: \$ _____

Amount donated (if any): \$ _____

Amount submitted for payment: \$ _____

Check made payable to: _____

Purchase/expense description and comments: _____

Signature of Committee Chairperson/Delegate to National

PLEASE ATTACH DOCUMENTATION/RECEIPTS TO THIS VOUCHER

FOR TREASURER'S USE

Within Budget Limit	YES	NO	Date: _____
Approved by Board	YES	NO	

Treasurer's Comments: _____

Date Paid

Check Number

Treasurer's Signature