

Check Request/Credit Card Receipt Voucher

This box for staff use only

Check Number _____

Check Date _____

Reminder: Do not group credit card receipts, all credit card items on this voucher must be one per line and from the same date.

Payee _____

Address _____

Address is required if Payee is an individual or new supplier

Account Number

Amount

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

Check \$ Total

_____,_____-_____-_____

Date of Request _____

Invoice Number _____ **Account Number** _____

Explanation _____

Special Instructions _____

Check this box if expense is budgeted. If not budgeted, leave box empty and explain why expense must be incurred below:

Requester's Signature _____

Reviewed by Treasurer

Supervisor's Approval _____
(if required) Signature

Chairperson's Signature _____