

Check Request/Credit Card Receipt Voucher

Reminder: Do not group credit card receipts, all credit card items on this voucher must be one per line. Vouchers should include same program area/accounts.

This box for staff use only

Check Number _____

Check Date _____

Payee _____

Address _____

Address is required if Payee is an individual or new supplier

Account Number

Amount

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

_____,_____-_____-_____

Check \$ Total

_____,_____-_____-_____

Date of Request _____

Vendor Invoice # _____

Vendor Acct # _____

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

Chairperson's Signature _____