

DISBURSEMENT VOUCHER

Attach receipt(s)

Payee _____ Date _____

Address (new vendors) _____ Phone # _____

_____ Zip _____

Explanation for expense _____

If no receipt is available, explain why _____

Office use only
Authorized _____
Approved _____

Account # _____ \$ _____

Account # _____ \$ _____

Account # _____ \$ _____

Account # _____ \$ _____

Signature _____ Total amount \$ _____

Revised 3.10

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