

Check Request Voucher

Reminder: All items on a voucher must be from the same day.

<i>This box for staff use only</i>	
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 _____

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 _____