



PAYMENT VOUCHER FORM

(Please PRINT all requested information)

PAYEE: _____

DATE: _____

ADDRESS: _____

Description/Explanation: (Attach receipts)

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Detailed description of each item _____ Amount _____

Detailed description of each item _____ Amount _____

Detailed description of each item _____ Amount _____

Detailed description of each item _____ Amount _____

Total reimbursement

TOTAL: \$

Authorized by:
