

PAYMENT/REIMBURSEMENT VOUCHER

LWV of SCHENECTADY COUNTY

Please complete this voucher, attach receipt/invoice, and submit to the Treasurer.

Your name: _____

Amount of payment/reimbursement: _____

Check should be made payable to: _____

Is this expenditure part of an approved budget? YES: NO:

Purpose for expenditure and program/committee, if applicable:

Value and description of personal donation, if any: _____

Value and description of in-kind donation, if any: _____

Payment authorized by: _____

Amount remaining in total budget: _____

===== For Treasurer's Use Only =====

Check Amount: _____ Check Number: _____ Payment Date: _____

Budget Item: _____ Amount: _____

Budget Item: _____ Amount: _____

Budget Item: _____ Amount: _____

Budget Item: _____ Amount: _____

Budget Item: _____ Amount: _____

Treasurer's signature

Date