

2018-2019 Payables Voucher

Vendor: _____
 Address: _____

Date Submitted: _____
Invoice Attached: _____
Date Vendor Paid: _____
Check Number: _____

<u>Line No.</u>	<u>Account Number</u>	<u>Description</u> (purpose of expense)	<u>Amount</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		<u>TOTAL</u>	\$

Please initial that the support documents have been verified for mathematical accuracy.

Prepared By: _____ Date: _____

Treasurer's Signature: _____ Date: _____

President's Signature: _____ Date: _____
