

NALS OF AMARILLO
REQUEST FOR PAYMENT VOUCHER

Instructions: Forward the original with attached receipts or other pertinent information to the Treasurer. Retain a copy for your file.

DATE SUBMITTED	
SUBMITTED BY	
OFFICE/COMMITTEE	

MAKE CHECK PAYABLE TO:	
Name	
Mail Check to:	
Date Paid	
Check Number	

EXPENSE INFORMATION			APPROVED BY MOTION	BUDGETED EXPENSE
DATE	EXPENSE ITEM	AMOUNT		
TOTAL				

FOR TREASURER'S USE	
Date Received	
Date Sent to President	
Current Budget Balance	
Budget Line Item Requested	
Balance After Expense Applied	
Treasurer's Initials	

FOR PRESIDENT'S USE	
Date Received	
Date Approved	
Amount Approved	
President's Signature	