

GASPP VOUCHER FOR PAYMENT/REIMBURSEMENT

Budget Line Item

FOR TREASURER'S USE ONLY	Check Number <input style="width: 80%;" type="text"/>	Date Voucher Received <input style="width: 80%;" type="text"/>
	Date Voucher Paid <input style="width: 80%;" type="text"/>	
	Payment by: <input type="checkbox"/> Mail <input type="checkbox"/> Person <input type="checkbox"/> Other <input style="width: 80%;" type="text"/>	

Check Payable to:

Name

Street

City

State

Zip Code

Mail Check to (if other than payee):

Name

Street

City

State

Zip Code

Itemized Explanation of Check Request	Amount	Receipt (Invoice) Attached (Please Check <input checked="" type="checkbox"/>)
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input type="checkbox"/>
TOTAL REQUESTED	<input style="width: 80%; height: 25px;" type="text"/>	

Signatures:

Requester

Date

Treasurer / Finance Chairperson

Date

GASPP President

Date