## Check Payable to:

**(PLEASE PRINT CLEARLY)**

Name: Address:

City: State: Zip: \_ Phone: (Day) (Evening)

FAX:

Email:

**Griots’ Circle of Maryland, Inc.**

**Voucher for Payment / Reimbursement**

**VOUCHER NUMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **List of Good /Services** | **Purpose** | **Amount** |
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| --- | --- |
| **Receipt/Invoice Total** |  |
| **Cash Advance Total** |  |
| **Money Due Requestor** |  |

## Signatures:

(Requestor) (Date) (Committee Chair) (Date)

**Approved By:** President: Date: Vice President: Date: Treasurer: Date: Financial Sec. Date:

## (A minimum of 2 approval signatures needed and all vouchers must be accompanied by a receipt)

 **For Treasurer’s Use Only**

Voucher #: Date Voucher Received: Check #: Date Voucher Paid: Payment: Mailed Date: Hand Delivered Date: