

FLORIDA EXTENSION ASSOCIATION OF FAMILY AND CONSUMER SCIENCES

VOUCHER

**NOTE: Attach original invoice(s) and/or receipts.
Submit one voucher for each check disbursed.**

Date requested:

Date of Expenditure:

Reason:

Payee:

Address:

Phone:

City, State, Zip:

ITEMIZED EXPENSES

Description	Quantity	Price	Amount
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TOTAL

TRAVEL EXPENSES

Name of trip:

Amount requested: \$

Travel Date:

From:

To:

Mileage:

Tolls \$

Taxi/Shuttle \$

Meals \$

Other \$

Payee's Signature:

TREASURER

Paid by Check #

Amount disbursed:

Date:

Budget Item:

Treasurer's Signature: