



MPAC Continental Societies, Inc. VOUCHER 2021-2022

Amount of check: Date:

Payable to:

Name:

Address:

City: State: Zip Code:

Phone: Email:

Project/Program/Committee:

Expenditure Description:

Requested By: Signature: Date:

Amount Allocated In Budget: Amount Of Budget Spent To Date:

Amount Of Voucher: Balance In Budget:

Approval

INSTRUCTIONS

Checks will be issued only when this form is completed and has all of the required approvals.

Supporting document, such as vendor invoices or original receipts, must accompany this form.

A separate voucher must be submitted for each separate vendor or person to be paid/reimbursed.

Upon receipt of all approval, the Treasurer will make the appropriate payment.

President: _____

Financial Secretary: _____

Treasurer: _____

Committee Chair: _____

Date Issued: _____

Check Number: _____