

Georgia State Council Voucher

Date of request: ____ / ____ / ____ Make check payable to: _____

Phone #: (____) _____ Email: _____

Address: _____ Zip: _____

Amt. of Check: \$ _____ Signature: _____

Your Elected/Appointed Office: _____

Note: Expenses must be an approved budget item and amount. Failure to obtain approval may result in purchaser having to incur the expenses.

RECEIPTS MUST BE ATTACHED. (Please Print)

Requestor Complete this Section:

Description of Purchase	\$ Amount Requested
TOTAL	

Treasurer Completes:

Budget Acct #	Budgeted Amount	Amount Reimbursed	Remaining Line Item Balance

(FOR TREASURER'S USE ONLY)

Date of payment: ____ / ____ / ____ Check #: _____ Total Paid: _____ Voucher #: _____

Delivery method: _____

All vouchers are due to the State Treasurer 30 days prior to convention.

Georgia State Council Treasurer

Georgia State Council President