

# Keweenaw County Historical Society Payment Voucher

NOTE: Please complete the Payment Voucher following the KCHS Payment Guidelines (For help call Nancy Molloy at cell 248 921-6684 or May 15 –October 20, 906 289-4221 )

Name of Vendor/Business or Person Submitting Receipt for Payment or Reimbursement:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Submitted \_\_\_\_\_

Reason(s) for Request/Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KCHS Committee/Chair who authorized this expense: \_\_\_\_\_

Account(s) to be charged	Amount
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TOTAL AMOUNT OF PAYMENT: \$ \_\_\_\_\_

I HAVE ATTACHED ALL NECESSARY DOCUMENTATION TO CERTIFY THIS BILL IS ACCURATE TO THE BEST OF MY KNOWLEDGE. **(ATTACH INVOICE OR RECEIPTS TO THIS VOUCHER)**

Signature of Person Submitting Payment Request: \_\_\_\_\_

on (Date) \_\_\_\_\_

Authorized for payment by the KCHS by \_\_\_\_\_ on (Date) \_\_\_\_\_

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### **Accounting Firm Tracking Information**

Check # \_\_\_\_\_ Check Date: \_\_\_\_\_

Audited By: \_\_\_\_\_

Approved 3-10-2014