

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