

CRSCNA - EXPENDITURE VOUCHER

Please use ink and print legibly. Retain 1 copy; forward 1 copy to CRSCNA Secretary with your Proposal.

DO NOT USE THIS FORM TO REQUEST ADVANCE FUNDS.

Advances require that you submit a completed CRSCNA – ADVANCE FUNDS REQUEST form to the CRSCNA Secretary with your Proposal.

I request that a check be drawn for the materials, equipment, services or other expenses described on the **attached** order, invoice or receipt and/or general narrative or proposal.

Type of Items / Purpose: _____ Pre-Tax Amount: _____

_____ Sales Tax (if any): _____

_____ **TOTAL:** _____

Is this an approved Budget expenditure? Yes No If "Yes," Budget Group and Item

Detail / Line Name: _____

Print name, address and telephone number of the vendor / person this check should be made payable to: _____

Mail? _____
Give to Requester for hand delivery? _____

Telephone _____

Is this an exact price or an estimated cost? _____

Above items purchased by bid or multiple price quotes? Yes No Not Applicable
(If "Yes," keep records in your files.)

Is this a reimbursement? Yes No (If "Yes," attach original receipt and circle amount due you.)

If this is a deposit, state the balance & date due: \$ _____

Requester's Printed Full Name _____ Signature _____ **Date** _____

CRSCNA SECRETARY'S USE ONLY
CRSCNA vote/action and date: _____

TREASURER'S USE ONLY
Check # _____ Dated _____ Posted _____