

PAYMENT REQUEST EXPENSE VOUCHER

| Date: | | | Amount: | |
|---------------|---------------------|--------------|---------|--|
| Pay To: | Name | | | |
| | | | | |
| | | | | |
| Description | | | | |
| Purpose of I | Expense: | | | |
| | Receipt/Bill: | ☐ Attached | □ No | |
| Account Nu | mber or Budget Line | Item Number: | | |
| Person Requ | uesting Payment: | | | |
| Approved B | y: | | | |
| Special Instr | | | | |