

## PAYMENT VOUCHER

College of the Atlantic

**\*\*Please attach receipts or other backup\*\***

Date: \_\_\_\_\_

WHO (to pay): \_\_\_\_\_

WHAT (amount to pay): \$ \_\_\_\_\_

WHERE (did it happen): \_\_\_\_\_

WHEN (did it occur): \_\_\_\_\_

WHY (did it happen): \_\_\_\_\_

\_\_\_ Check to be picked up by \_\_\_\_\_

\_\_\_ Check to be mailed to this address \_\_\_\_\_

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
BUDGET TO CHARGE

**Receipts must be turned in within 60 days to be reimbursed. Thank you!**

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