

**CCCAOE**

California Community College Association for Occupational Education

**VOUCHER**

Request for Payment

Name/Vendor: \_\_\_\_\_

College/Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date	Invoice No.	Description	Amount

Total Amount: \_\_\_\_\_

**ORIGINAL RECEIPTS MUST ACCOMPANY REQUEST FOR PAYMENT**

Requested by: \_\_\_\_\_ Date / / \_\_\_\_\_

Committee/Budget Account Charged: \_\_\_\_\_

FOR OFFICE USE ONLY: Receipts Attached      Yes      No

Payee: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cost Center \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_