



District 6 NE
In care of

District Treasurer
PID KEN Schwols, 3506 Colorado
Loveland CO 80538



PAYMENT VOUCHER

All Supporting documents must be attached

Invoice No: 21/22-

| | | |
|---|--------|---------|
| Pay to: | | Date: |
| Address: | | Amount: |
| | | |
| City: | State: | Zip: |
| <input type="checkbox"/> District Officer <input type="checkbox"/> Committee: | | |
| Purpose: | | |
| | | |
| | | |
| | | |
| Submitting Signature (sign and date) | | |
| X | | DATE |

Accounting Voucher Process

Received Date: _____ Date Payment Made: _____

APPROVAL FOR PAYMENT

DG Signature: _____ *Date Cabinet Approved: _____

Check # _____ Date Check Issued: _____

Treasurer Signature _____ Date _____

*If required