

**CYSA
DISTRICT VI
EXPENSE VOUCHER AUTHORIZATION**

This form is to be completed for expenses to be reimbursed or for direct payment of vendor invoice.

Name of person preparing voucher: _____ Date prepared: _____

Purpose and Amount of expense:

_____ \$ _____

If for Vendor Invoice Payment

Vendor Name and Address

Vendor Invoice Number: _____

Vendor Invoice Date: _____

(Invoice must accompany request)

If for Reimbursement Payment

Name and Address where check is to be sent:

Payment Authorization (Name): _____

Payment Authorization Signature: _____ Date: _____

Check Number: _____

Program to be charged: _____

Date Posted to Accounting System: _____

Treasurer's Signature: _____ Date: _____