

**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: \_\_\_\_\_