

ART ALLIANCE PAYMENT VOUCHER

PAYABLE TO: _____

MAIL TO: _____

**COMMITTEE/PROJECT: _____

PAYMENT FOR: _____

AMOUNT: \$ _____ Date Requested: _____

**SIGNATURE of CHAIRPERSON: X _____

Approved:

X _____ or X _____

AA Treasurer

AA President

Please note: All expenditures must be authorized by the committee chairperson AND the AA President or the AA Treasurer.

Please attach all *original* receipts, bills and/or invoices, have the chairperson sign, and submit the voucher to the Art Alliance treasurer.

Please DO NOT submit a voucher directly to personnel at RAM.

Check #: _____

Date Paid: _____

Amount: _____

Paid to: _____

Budget Category: _____