PAYMENT VOUCHER

Voucher No.: ______________________
Date: ___________________________
Check No.: ________________________
Date:____________________________
Amount Paid: ______________________

Payable to:

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This voucher is in payment for:	Dollar Amount	Credit to Budget Column

Total **$** ______________________

Please complete voucher, attach receipts, and mail to President, in duplicate.

Approved by:

____
President, Kansas State Council of ESA

Reproduce this form as necessary.