PAYMENT VOUCHER

Voucher No.: _____
Date: _____
Check No.: _____
Date: _____
Amount Paid: _____

Payable to:

_____
_____
_____

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, KansasState Council of ESA

Reproduce this form as necessary.