A17. Payment Voucher

HINDU SOCIETY OF NORTH CAROLINA

309 Aviation Parkway
Morrisville, NC 27560
Phone (919) 481-2574

Voucher No.: _____

Check Number: _____

Date: _____

Date: _____

Date	Description	Committee	Expense Amount (A)	Tax Amount (B)	Reimbursement Amount (A + B)
		Total:	$ -	$ -	$ -

Please make the Check in the name of: _____

Claim Submitted: _____ Signature _____ Name

Claim Approved: _____ Committee Member Signature _____ Committee Member Name

BOD 1 Approval: _____ BOD Signature _____ BOD Name

BOD 2 Approval: _____ BOD Signature _____ BOD Name

Paid By: _____ Paid Date: _____

Comments:

Please Note:
1. Please attach photocopies of receipts. Missing photocopies and originals will delay processing and subject to refusal.
2. Please follow the requisite voucher approval rules. Failure to follow will result in refusal for processing.

Voucher Approvals: All vouchers need approval from the requisite Committee Member and one BOD. All vouchers over $1000 need approval of additional BOD. Persons who are being paid or the person who is submitting the claim cannot sign as a Committee Member or BOD.