

# CMRC PAYMENT AUTHORIZATION VOUCHER

SUBMIT TO: DANA GAYLEARD  
4802 CARROLL MANOR ROAD  
BALDWIN, MD 21013  
410-817-6740  
EMAIL: [GAYLEARD5@COMCAST.NET](mailto:GAYLEARD5@COMCAST.NET)

DATE: \_\_\_\_\_

ISSUE CHECK \_\_\_\_\_ TRANSFER \_\_\_\_\_ AMOUNT \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE: \_\_\_\_\_

PROGRAM TO BE CHARGED: \_\_\_\_\_

APPROVED BY (MUST BE PROGRAM CHAIRPERSON OR COMMISSIONER):



**PLEASE ATTACH ORIGINAL INVOICE OR RECEIPTS**