

CMRC PAYMENT AUTHORIZATION VOUCHER

SUBMIT TO: DANA GAYLEARD
EMAIL: accounting@carrollmanor.org

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