

2024

State - Advisory Council

## CASH DISBURSEMENT VOUCHER

Date: \_\_\_\_\_

From: \_\_\_\_\_, Financial Secretary

To : \_\_\_\_\_, Treasurer

You are hereby authorized to pay \_\_\_\_\_

the amount of \$ \_\_\_\_\_, per the attached documentation.

Signature: \_\_\_\_\_

Financial Secretary

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Date: \_\_\_\_\_

From: \_\_\_\_\_, Treasurer

To : \_\_\_\_\_, Financial Secretary

Payment was mailed to \_\_\_\_\_ on \_\_\_\_\_

Check #: \_\_\_\_\_ -- OR -- E-Check/Bill-Pay # \_\_\_\_\_

Amount: \_\_\_\_\_

**A copy of the signed check is attached.**

**If an e-check or bill-pay system was used, confirmation of the  
payment is attached.**

Other Comments / Instructions:

Signature: \_\_\_\_\_

Treasurer