2026

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

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