



AFGE COUNCIL 222 PAYMENT VOUCHER

DATE: _____

REQUESTOR: _____

TOTAL OF
REIMBURSEMENT: _____

PAYABLE
TO:

Name/Local #: _____

Mailing

Address: _____

(Where check should be mailed.)

BUSINESS PURPOSE/DESCRIPTION:

RECEIPT(s)
SUPPORTING
DOCUMENTS

☐ Attached

DATE OF BOARD VOTE:

(If Applicable)

Month Date Year

Approved By:

☐ Board

☐ Current Budget

***Provide meeting minutes if applicable.**

List Item(s) and Amount(s) for Reimbursement:

SIGNATURE: _____

(DO NOT WRITE BELOW THIS LINE)

NOTES:

1st Concurrence: _____

Name/Title: _____

2nd Concurrence: _____

Name/Title: _____

☒ Approved Date: _____

☐ Denied Check #: _____