## Jack and Jill of America, Incorporated

PAYEE NAME		TELEPHONE			
STREET	CITY / ST.	ATE ZIP CODE		DATE OF VOUCHER	
DESCRII	PTION OF DISBURSEMI	ENTS:	LINE ITEM	AMOUNT	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
			TOTAL AMOUNT	\$	
Checks will be issued only when this form is prepared on a typewriter or in ink.		REQUESTED	ВУ	DATE	
Support documents such as original receipts must accompany this form.		TITLE/POSITION/COMMITTEE		DATE	
A separate voucher must be submitted for each check requested.		APPROVED: CHAPTER PRESIDENT		DATE	
All copies must be submitted to the Chapter Treasurer		APPROVED: CHAPTER TREASURER		DATE	
********	*******	******	********	********	
	TO BE COMPLETE	D BY CHAPTEI	R TREASURER ONLY		
VOUCHER NUMBER	CHECK NUMBER	AMOUNT	ENTRY DATE	and PERSON	

VOUCHER: 08/2013 Turner