

Check Number \_\_\_\_\_

Grant Name/ Number \_\_\_\_\_

# 2022-2023 VOUCHER

## HOMER KACHEMAK BAY ROTARY CLUB

Please print legibly

DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

ADDRESS IF NEED TO MAIL: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

DESCRIPTION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

AMOUNT \_\_\_\_\_ GL# from BUDGE: \_\_\_\_\_

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**MUST BE SIGNED BY 2 BOARD MEMBERS BEFORE TURNING IN TO TREASURER**

\_\_\_\_\_

Board Member Signature & Date

\_\_\_\_\_

Board Member Signature & Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_