

TLLC EXPENSE VOUCHER

Submitted / Requested By: _____

Date: _____

(Date of Invoice or Date on Receipt)

**Vendor Name or
Check Payable To:** _____

Reimbursement

Payment on Invoice

Credit Card Purchase

Date of Invoice: _____

Master Card

Payment Due Date: _____

Home Depot

Sam's

Other: _____

Card # (Last Four Digits) _____

<i>Budget Line Item</i>	<i>Description of Expense</i>	<i>Amount</i>

For Office Use Only:

Exec Director Approval: _____

CDC Director Approval: _____

Entered In QuickBooks: _____

Ofc Manager Approval: _____

Treasurer Approval: _____

**Payment
Method**

Check

E Bill Pay

EFT

Cr Card

TOTAL

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