

PAY-OUT VOUCHER

(Activity Program Fund)

(Account Number)

(Payee or Firm)

(Date)

(Street Address)

(City) (State) (Zip)

Number	Description or Purpose	Unit Price	Cost
		Total	\$

Requested By: _____ **(Signature Activity Sponsor)**

Approved by: _____ **(Signature Person Authorized to Sign)**

I hereby certify that \$ _____ is available in the said activity program fund for payment of the above obligation.