**Date:**

**Voucher Issued by:**

**Pay To:**

**Address:**

# **Purchases or Services** (Please list in detail): **Cost: $**

1. 1.

2. 2.

3. 3.

 **TOTAL COST:**

**Signature:**

**MLA Title/Position:**

**Scan and email voucher/receipts to:** Michele Frasier-Robinson, MLA Treasurer, susan.frasierrobinson@usm.edu

|  |
| --- |
| Below is for MLA office use only |

**Date Paid:\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Paper Check#:** \_\_\_\_\_\_\_\_\_\_\_ Voucher**#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post to Account:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MLA Treasurer’s Signature:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic payment reference#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**