

Upper Arlington Education Association

PAYABLES Voucher

Vendor Name: _____ Address: _____ City/State/Zip: _____	Date Submitted: _____ Invoice Attached (Y/N) _____ Date Vendor Paid: _____
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Date	Account <i>(completed by Treasurer)</i>	Description <i>(purpose of expense)</i>	Amount
GRAND TOTAL:			

Please sign that the support documents have been verified for mathematical accuracy.

Prepared by: _____

Approved by (name/title): _____

Approved by (name/title): _____

Paid by check # _____ issued on _____. _____ <i>(UAEA Treasurer)</i>
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