

**UTAH FCCLA**  
**Check Payment Voucher**



Date Submitted: \_\_\_\_\_  
 Submitted By: \_\_\_\_\_  
 Payee: \_\_\_\_\_  
 Payee Address: \_\_\_\_\_  
 \_\_\_\_\_

Ref./Invoice #	Ref. Date	Description/Purpose	Event	Region	Amount	Acct. # (for office use only)
<b>Total</b>					\$ -	
<b>Request</b>					\$ -	

Receipts verified and approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date: \_\_\_\_\_

All vouchers must be submitted within 30 days of the expenditure. All receipts or stubs must accompany the voucher for payments. Checks will be issued within 20 days of receipt of the voucher.

Mail Payment Requests To: Nikki Sue Larkin  
 1704 E. 560 S.  
 Heber, UT 84032  
[utahfccla@gmail.com](mailto:utahfccla@gmail.com)