

**Special Olympics Vermont**

**Expense Voucher**

**Local Programs Account**

\_\_\_\_\_ Local Program Name

Program Coordinator shall authorize each expenditure using this form. Please attach invoice or receipt.

Please Check 1 or 2

- 1.  Invoice or Receipts Attached (required)

Pay To \_\_\_\_\_ Amount \_\_\_\_\_ Account \_\_\_\_\_

Address \_\_\_\_\_

Authorized \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator

**Special Olympics Vermont**

**Deposit Voucher**

**Local Programs Account**

\_\_\_\_\_ Local Program Name

Summarize the deposit by Account on this form.

Please attach: Copy of Checks

Source \_\_\_\_\_ Amount \_\_\_\_\_ Account \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Account \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Account \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Account \_\_\_\_\_