

| <b>DEER CREEK CHORALE</b>  |        | <b>Payment Voucher</b> |             |                              |
|--|--------|------------------------|-------------|------------------------------|
| P.O. Box 1302, Bel Air, MD 21014   |        | Date _____             |             |                              |
| Contact  |        |                        | Email _____ |                              |
| Pay to   |        |                        | Phone _____ |                              |
| Address _____  |        |                        |             |                              |
|  |        |                        |             |                              |
| Date   | Vendor | Item                   | Purpose     | Amount                       |
|  |        |                        |             |                              |
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|  |        |                        |             |                              |
|  |        |                        |             |                              |
| Signature _____  |        |                        | Date _____  | Total Amount Requested _____ |
| <b>Instructions:</b><br>1. Please attach original receipts and/or invoices.<br>2. Please indicate on back if sales tax exemption was not used and reason.<br>3. Please complete one line for each item purchased.<br>4. Total Amount Requested should equal the total of amounts given and shown on attached receipts or invoices.<br>5. Please sign and date your request and return for payment authorization. |        |                        |             |                              |
|  |        |                        |             | <b>Thank you!</b>            |

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