

PEOPLE'S PLACE II, INC.  
PAYMENT VOUCHER

Vendor #:

Vendor Name:						
Vendor Address:						
<b>Fund</b>	<b>Program</b>	<b>Grant/Cont</b>	<b>Dist. Code</b>	<b>Cost Center</b>	<b>Line Item</b>	<b>Amount</b>
			<b>Total Amount of Payment</b>			
<b>(**Purchases of \$500.00 or more requires prior approval by an Associate Director using the Purchase Request form)</b>						
<b>Requested By:</b>					<b>Date:</b>	
<b>Approved By:</b>					<b>Date:</b>	

**\*\*All LOST RECEIPTS** must be documented on the back of this form.

**\*\*The below section MUST be completed for all LOST RECEIPTS**

<b>Store/Vendor Name where purchase was made:</b>		<b>Who made the purchase?</b>
<b>Date</b>	<b>Description of Item(s) Purchased</b>	<b>Amount</b>

<b>Store/Vendor Name where purchase was made:</b>		<b>Who made the purchase?</b>
<b>Date</b>	<b>Description of Item(s) Purchased</b>	<b>Amount</b>

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