



(80 -2 ‡ 6 0)

DA : \_\_\_\_\_

AN NM : \_\_\_\_\_

AN NM : 2 0 \_ \_ F \_ \_ \_

**CHECK INFORMATION:**

DATE PRINTED: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PAYEE: \_\_\_\_\_ VOUCHER #: \_\_\_\_\_

DESCRIPTION OF USE OF FUNDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

‘ **Under Spent**

Amount: \_\_\_\_\_ Deposit No.: \_\_\_\_\_ Date: \_\_\_\_\_

‘ **Over Spent**

Amount: \_\_\_\_\_ Reimbursement  
Voucher No.: \_\_\_\_\_ Date: \_\_\_\_\_

‘ **Spent Exact Amount**

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