

Individual Grant / Imprest Cash Voucher

Check should be made payable to:

Name _____
(customer or district imprest cash fund)Address _____

Customer name _____

Auth # _____ Check # _____ Other Instructions _____

Date	Description of Services	Total Grant

Customer Signature _____

Approved by (Counselor Signature) _____

METHOD OF VERIFICATION

Check written to vendor _____ Receipt(s) attached / filed _____

Vendor _____

If neither of above, describe other method of verification:

Initials of verifier: _____ Date verified _____