

National Charity League Inc.
Riverside Chapter

Payment Voucher

Date: _____

Make check payable to: _____

Address: _____

For:

Requested by: _____ Phone: _____

Committee: _____

Amount Requested: \$ _____

Attached all bills, invoices and/or receipts to this voucher and submit to National Charity League Inc. Riverside's Chapter Treasure for payment. This form must be completed for payment.



For Treasurer's use only:

Date: _____

Check Number: _____

Amount: _____

Check Canceled: _____