



University of Kentucky
 College of Agriculture,
 Food and Environment
 Cooperative Extension Service

PAYMENT/REIMBURSEMENT VOUCHER

County _____

(Attach original itemized receipt/invoice)

| |
|----------------------------|
| <input type="radio"/> PAID |
| Date: _____ |
| Check: _____ |
| Initial: _____ |

BASIC PURCHASE INFO

| | |
|--|--|
| Purchase Date: _____ | Person Submitting Form: _____ |
| Purchaser Name: _____ | Account (EDB, Council, Etc): _____ |
| Vendor Name: _____ | Check Payable to: _____ |
| Amount: _____ | <input type="radio"/> Personal Funds <input type="radio"/> Credit/Charge <input type="radio"/> Invoice/Bill <input type="radio"/> Auto-Pay |
| Items Purchased: <div style="border: 1px solid black; height: 60px;"></div> | Business Purpose: <div style="border: 1px solid black; height: 60px;"></div> |

Program Support

- 4-H
- ANR
- FCS
- Other _____

Travel

- 4-H
- ANR
- FCS
- Other _____

Prof Improv

- 4-H
- ANR
- FCS
- Other _____

Contracted Svcs

- Prof Services
- Maint & Repair
- Rents & Leases
- Insurance
- Equipment Repair
- Vehicle Insurance
- Vehicle Repair
- Electric
- Gas
- Water
- Sanitation/Sewer
- Telephone
- Internet
- Cable
- Other _____

Materials & Supplies

- Mkt & Spec Prog
- Supplies & Svcs
- Postage
- Publications
- Janitorial Supplies
- Other _____

Administration

- Dues & Subscrip
- Board Expense
- Bookkeeping
- Cell Phones
- Other _____

Capital Outlay

- Equipment
- Vehicle
- Other _____

PRE-AUTHORIZATION

SEE DISTRICT BOARD POLICIES FOR
 PRE-AUTHORIZATION REQUIREMENTS

EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE-
 AUTHORIZATION IN BUSINESS PURPOSE ABOVE

 Board Chair/Treasurer Date

APPROVAL SIGNATURES

 Purchaser/Reviewer Signature Date

 Supervising Agent Signature (if applicable) Date

 Fiscal Contact (or Delegate) Signature Date

ACCOUNTING INFORMATION

| Item(s) | Line Item (G/L Account) | Fund (Class) | Amount |
|---------------------|----------------------------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Grand Total: | | | |

Additional Info as Needed (building #, location, serial #, model #, etc):

Payment Voucher Instructions

This form is to be utilized for each individual receipt, invoice, and bill within an Extension program. The original receipt, invoice, or bill should be attached to the form. The form should be utilized for District Boards, program councils, and groups. The form should be utilized for bills to be paid or personal reimbursements for staff and/or volunteers.

Complete each section as follows:

Basic Purchase Info Section

1. **Purchase Date:** Enter the date of purchase.
2. **Purchaser Name:** Enter the name of the individual who made the purchase.
3. **Vendor Name:** Enter the name of the vendor where the purchase was made (e.g. Wal-Mart, Lowe's, etc.).
4. **Amount:** Enter the amount of the purchase (total amount shown on receipt or invoice)
5. **Person Submitting Form:** Enter the name of the individual who is submitting the form (in some cases this may be an agent completing the form on behalf of a volunteer).
6. **Account:** Enter the source of funds covering the expense (EDB, Council, etc.).
7. **Check Payable to:** Enter the name of the individual or company to which this payment is due.
8. **Method of Payment:** Select the box most pertinent to the nature of this purchase.
9. **Items Purchased:** Enter a brief description of the items purchased
10. **Business Purpose:** Enter a brief description justifying the need for the purchase to explain how the goods/services will be used in Extension. The business purpose should describe how the expenditure was necessary, reasonable and appropriate for the office.

Pre-Authorization Section

1. In certain circumstances, unbudgeted or emergency purchases must be made. These purchases must be made according to existing Board/Council policies. Pre-authorization should be documented for these situations via signature from the associated Board Chair or Treasurer.

Approval Signatures Section

1. **Purchaser/Reviewer Signature:** Signature of the purchaser or reviewer of the expenditure.
2. **Supervising Agent Signature:** Signature of the supervising agent for purchases made by a program assistant (if applicable)
3. **Fiscal Contact (or Delegate) Signature:** Signature of the fiscal contact for the office, or delegate in his/her absence.

Accounting Information Section

1. This section provides detailed areas for items to be listed and coded to their specific Line Item (G/L Account), Fund (Class) and Amount. Separate lines are provided in the event that one receipt needs to be charged to multiple line items.
2. The Additional Info (serial#, model#, etc.) box gives the option to record detail on higher cost items, especially those that should be inventoried or tracked. Examples could be iPad/tablets, GPS units, etc.

Line Items

1. Information provided on right side to aid in assigning proper G/L Accounts for accounting purposes.