

SLR RFMS Expense Voucher

Finance Only: Date Entered:
Initials: _____
Notes: _____

RFMS Customer Name: _____

DATE: _____ Person Requesting Check: _____

- ◆ All checks will be made payable to the service provider listed on the attached bills unless otherwise specified on the note line.
- ◆ All bills must be stapled to this form. If the amount due for rent has changed, please include the appropriate documentation.

	Amount:	Bill Due Date:	Note:
Rent:	\$ _____	_____	_____
Cable:	\$ _____	_____	_____
Power:	\$ _____	_____	_____
Phone:	\$ _____	_____	_____
Bus Pass:	\$ _____	_____	_____
Other:	_____	_____	_____

Employee Signature: _____

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