Executive Board of the Indianapolis Symphony Orchestra Association
Voucher Form

Treasurer:_____ **Requesting Division:**_____

Tax Exempt # 101 518331 000 1

Voucher # _____ **Date:**_____

The Treasurer will please make checks payable to the following:

_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

In the sum of:_____

In Payment for the items listed:

Quantity	Description	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Expense is (check one): _____ Fundraising _____ Education _____ Membership Services

Charge Acct or portfolio _____ **Total: $**_____

Purchase Requested by _____ **Paid date:** _____

Approval _____ **Check #:** _____

ALL EXPENDITURES MUST BE EXPLAINED AND AUTHORIZED ON THIS VOUCHER FOR PAYMENT BY THE ISOA TREASURER. Please attach the original receipts.