

TUFTONBORO TRUSTEE OF TRUST FUNDS-VOUCHER

DATE. ____/____/____

AMOUNT REQUESTED : \$ _____

Disbursed from _____ Fund.

PURPOSE OF REQUEST :

Payable to : _____

Requested by (print name and title). Signature

Trustee of Trust Fund (print). Signature

Trust fund _____

CRF. _____

ADDITIONAL NOTES :