

NEVER SWEAT RECREATION BOARD, FCSD#2**P.O. Box 175****Dubois, WY 82513****Voucher # / Check # _____**

Phone: 455-2625 Fax: 455-4013 email: jwright@cwcc.edu

Name of Claimant:**Mailing Address:****City, State, Zip Code:****VOUCHER INSTRUCTIONS TO VENDOR / APPLICANT**

1. Prior to payment, this copy must be signed by vendor/applicant.
2. Voucher must be accompanied by paid receipts, bill or copies of bills with description (i.e. services rendered, goods purchased, material cost, etc.)
3. Vouchers received at the above address by the 5th day of the month will be paid that same month.
4. Do not substitute your own voucher form.

Description of Claim:**Amount:****Audited by:**

President/secretary/treasurer

President/secretary/treasurer

Certification: I hereby certify, **under penalty of perjury**, that this voucher and the items included herein for payment are correct and just in all respects._____
(Vendor / applicant signature)**Date** _____**Account #:** 360669**Grant Balance****Q:****Voucher Amount:****Notes:****Balance forward:****Unencumber Date:**