VSA arts of Massachusetts

(617) 350-7713 (Voice)
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www.vsamass.org
www.accessexpressed.net

China Trade Center / 2 Boylston Street, 2nd Floor / Boston, Massachusetts 02116

PAYMENT VOUCHER
For Services/Material

Contractors Name _____ School/City _____
Street Address _____ Coordinator _____
City/State/ Zip _____
Area Code/Phone Number _____ Social Security # _____

Date of Work month/day	Description of Work observ./perform/site visit or workshop/ training	Portion of Day 1/2 1	Travel round trip mileage	less 20 miles	= total miles
	Total Days			Total Mileage	

◆ ◆ ◆ ◆ TOTAL DAYS _____ (from above) X _____ (amount per day) = $ _____

◆ ◆ ◆ ◆ TOTAL MILEAGE _____ X .22 per mile = $ _____

For Office Use Only

Funding Category _____

Accounting # Amount

Date Paid _____
Check # _____

SUPPLIES: Attach/sign original receipts to voucher:

Items: _____ $ _____
_____ $ _____
_____ $ _____
OTHER: _____ $ _____

TOTAL $ _____

_____
Contractor's Signature Date

_____
Coordinator's Signature Date

Approved _____

Contractor retains the bottom copy and sends the other copies to the address above.