Town of Swanzey, Trustees of Trust Funds
REQUISITION VOUCHER

Date request submitted:_____

Submitted by:_____

Boards, Trustees, Committees, Officers and Spending Agents holding spending authority, individually or collectively, who present acceptable credentials.

Fund from which payment is requested:_____

Pursuant to:_____

Please indicate and append documentation as to the specific public action to expend and of commissioners authorizing withdrawal as well as attaching a copies of all approved and amending minutes documenting authorization. If acting as Payment Agent, cite specific authority with applicable documentation.

Amount of distribution requested: $_____

Attach summary statement of expenditures and note if this request is for only a portion of the amount authorized by the article, or if this request is for the total amount authorized by the article in question, or is the final payment in a series. The summary statement shall be accompanied by a file a specific documentation acceptable to the Trustees.

Payee and address: _____

_____

Date payment required:_____

Payments will be made by check unless special arrangements have been made in advance with the Trustees. Please allow 5 business days for delivery of payment. If at all possible, please request month end payments.

Deliver payment to:_____

_____

I/we attest and affirm that this Requisition conforms in all respects to (a) the authority granted to me/us under the applicable reserve/trust and (b) that such disbursements wholly conform to the fiduciary obligations of such trust and the authority granted to me/us.

Submitted by:

Printed Name Official Capacity Signature

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Revised: 2/21/13