

**TRI-COUNTY COMMUNITY COUNCIL, INC.**  
P.O. Box 1210  
BONIFAY, FL 32425

**CREDIT CARD VOUCHER**

Attach Credit Card receipts, itemize and turn into your Program manager (or designee).  
Credit Card receipts are to be submitted with the statement to Bookkeeping.

CREDIT CARD NAME \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

PROGRAM \_\_\_\_\_

VENDOR	DATE OF PURCHASE	DESCRIPTION	\$ AMOUNT \$

PROGRAM ACCOUNT #	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL** \$ \_\_\_\_\_

USER \_\_\_\_\_ (Print Name)

APPROVED \_\_\_\_\_ (Program Manager)