

**LEECH LAKE TRIBAL COUNCIL**

**DISBURSEMENT VOUCHER**

VOUCHER NO. \_\_\_\_\_ (if applicable; if none, leave blank)  
 DIVISION/PROGRAM: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 FUND NO.-NAME: \_\_\_\_\_ (10-Gen Fund; 20-Spec Rev; 50-GBA)  
 ACCOUNT: \_\_\_\_\_  
 VENDOR NO: \_\_\_\_\_ (For Accounts Payable)

NAME OF VENDOR/PAYEE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Program Accountant G/L Date \_\_\_\_\_

DESCRIPTION OF ARTICLES OR SERVICES				
INV DT	INV NO	REC'D DATE	DESCRIPTION	AMOUNT
TOTAL				

**PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT.**

_____	_____	<u>W/BUDGET</u>	<u>W/O BUDGET</u>
Prepared By	Date		
_____	_____	UP TO \$500	\$500
OFFICE/PROGRAM MANAGER	Date		
_____	_____	UP TO \$2,500	\$500
DIVISION DIRECTOR	Date		
_____	_____	UP TO \$50,000	\$5,000
EXECUTIVE / DEPUTY DIRECTOR	Date		

TRIBAL COUNCIL: (Refer to Purchasing Policies for Signatures Required from Council)

_____	_____	_____	_____
TRIBAL CHAIR	DATE	SECRETARY-TREASURER	DATE
_____	_____	_____	_____
DIST I REP	DATE	DIST II REP	DATE
_____	_____	_____	_____
		DIST III REP	DATE