



5605 Grandview – Rocklin, CA 95765
1-800-606-4227 – FAX 916-435-3048

PayVoucher Approval Form

Supplier: _____

Fax # _____

ATTN: _____

FROM: Fund Control Manager

RE: PayVoucher Approval

DATE: _____

.....
We have an open disbursement escrow for the referenced customer(s) under the file number listed. We have reviewed the *PayVoucher Request for Payment* for supplies and approve the payment(s) as follows:

Customer Name _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Thank you. If you should need any further information please call Gloria Manchester @ 916-435-4318 (direct line).

Initials for approval _____ Date _____