



DECA, Texas Association Payment Voucher

Date: _____

Please issue payment to: _____ \$ _____

This pay voucher, with attached invoice or other source of documentation, is approved for payment and will be retained for audit and financial purposes. The executed voucher shall be returned to the Executive Director for filing of financial records.

Approved _____ Charge to Account Number _____ Check Number _____

Purpose _____ Date Paid _____

Remarks: _____



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