



Outagamie County Master Gardener's Payment Voucher

**Complete this voucher, attach original bill
or receipt and submit to Treasurer**

Pay to: _____

Address: _____

Date(s) of invoice or receipt: _____

Purpose(s): _____

Committee: _____

Invoice and/or bill total: \$ _____

Treasurer Use Only

Check amount: \$ _____

Check #: _____

Date of check: _____