## **Town of Farmington** Trustees of the Trust Funds 356 Main Street

Farmington, NH 03835 Phone: (603) 755-2208 • Fax: (603) 755-9934

<u>Trustee Use Only</u>
Received Date:
Authorized Date:
Payment Date:
Check No:
Amount:
From Principle: Income:
Notes:

## **Voucher**

APPLICATION FOR PAYMENT FROM TRUST FUND

(All requests for payment must be submitted using this form)

All application must be submitted five (5) business days prior to the meeting Trustees meet on the 3<sup>rd</sup> Thursday of each Month. Please allow sufficient time for action to be taken on all requests.

Requested By:	
(Board of Selectmen, School Bo	pard, Scholarship Committee, Name of Authorized Agent to Expend, etc.)
Date of Request:	Date Payment Required:
Check Made Payable To:	
Delivery Address (if mailing requested): If check is to be picked up, indicate "Pickup"	
Signature of Person Submitting Request: Address: Telephone Number:	
Email Address (not required):	
Request Submitted Pursuant to:   Action as Agent to Expend   Warrant Article Approved at Town/School   This request is for a portion of the amount   This request is for the total amount authori   Scholarship Committee Award	
Name of Fund from which Payment is Requested:	
Amount of Distribution Requested:	Close Fund?:YN
	he Warrant Article above. Also attach a copy of the Warrant Article.)
	-or-
Date and Minutes of Meeting Authorizing this Reque (Enter the date of the meeting and attach a d	est:
-	ork or information which may be necessary to support this request.

Incomplete Vouchers or Vouchers submitted without sufficient documentation will be returned without action.