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| ACCOUNTING VOUCHER | | | | | | | | | | | | | | | | | | | GRANT NUMBER | | | | | | | | | | | | DATE PREPARED  9/1/2020 | | | | | | | | | | REP APPROVAL | | | | | | | | | | | |
| AGENCY NAME/DELIVERY ADDRESS  **Southern Grants:**  Sarah Capps – Regional Director  50 Claiborne Ave. Rocky Mount, VA 24151  **Southwest Grants:**  Sara Williams – Regional Director  PO Box 1987 Abingdon, VA 24212 | | | | | | | | | | | | | | | | | | | DATE RECEIVED | | | | | | | | | BID REF./REQUISITION NO. | | | | | | | | | | | | | | TERMS P.O. | | | | | | | | | | |
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| VENDOR  INVOICE NO. | | | | | | | | | | | | | DUE DATE  MO DAY YR | | | | STATE REF NO.  OR P.O. NO | | | | | | | AMOUNT PAID | | | | | |
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| PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES | | | | | | | | | | | | | | | | | | |
| INVOICE TO ADDRESS | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GRANTEE CONTACT NAME | | | | | | | | | | | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | |
|
| INTRA-AGENCY CONTACT  Sarah Capps (Southern)  Sara Williams (Southwest) | | | | | | | | | | | | | | | | | | | | | TELEPHONE  (540) 483-0179 ext 2168  (276) 619-4325 | | | | | | | | | | | | |
| DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | ACTIVITY | | | | | | | | | | | | | | | AMOUNT | | | | | | | | | | | | | |
| TRRC PAYMENT REQUEST   Request #    Project Name  Payment covers expenditures from       through  **I certify that this request for disbursement complies with all terms under which the referenced Grant was made and that the expense documentation submitted herewith has not and will not be submitted to any other funding source in exchange for reimbursement therefrom.**  Grantee Authorized Signature Date    Payment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  TRRC Regional Director Date  Payment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  TRRC Grants Director Date  Payment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  TRRC Executive Director Date | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **$** | | | | | | |  | | | | |
| TOTAL  AMOUNT | | | | | | | | | | | | | | |  | | | |  | | |  | | | | |
| I certify that the P. O. Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being  Paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.  INTIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANS | AGENCY | | | GLA | | FUND | | | | FFY | PROGRAM | | | | | | | OBJECT | | | | REVENUE  SOURCE | | | | | AMOUNT | | | | | | | | | | | | | | PROJECT | | | | | | | | | |
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| DATE | | | | | | | NUMBER | | | | | | | | | | | | | MM | | DD | | YY | | | | NUMBER | | | | | SX | | |
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| DESCRIPTION | | | | | | | | | | | | | | | | | CURRENT DOCUMENT | | | | | | | | | SUBSIDIARY  ACCOUNT | | | | | | | | MULTI-  PURPOSE | | | | | 1099 | | | CHECK IF  CONTINUATION  SHEET ATTACHED | | | | | | | | |
| REQUEST # | | | | | | | | | | | | | | | | | NUMBER | | | | | | SX | | |  | | | | | | | |  | | | | |  | | |
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