|  |  |  |  |
| --- | --- | --- | --- |
| ACCOUNTING VOUCHER | GRANT NUMBER      | DATE PREPARED9/1/2020 | REP APPROVAL |
| AGENCY NAME/DELIVERY ADDRESS**Southern Grants:**Sarah Capps – Regional Director50 Claiborne Ave. Rocky Mount, VA 24151**Southwest Grants:**Sara Williams – Regional DirectorPO Box 1987 Abingdon, VA 24212 | DATE RECEIVED  | BID REF./REQUISITION NO. | TERMS P.O. |
|   |
| VENDORINVOICE NO. | DUE DATEMO DAY YR  | STATE REF NO.OR P.O. NO | AMOUNT PAID |
| Name:       |  |  |  |  |  |  |  |
| Address:       |  |  |  |  |  |  |  |
|        |  |  |  |  |  |  |  |
| City:       |  |  |  |  |  |  |  |
| State: |       | Zip |       |  |       |  | VOUCHER NUMBER AND DATE TOTAL AMOUNT PAID |  |
| Vendor ID: | E |  |       | Suffix |       |  |
| PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES |
| INVOICE TO ADDRESS |  |
| GRANTEE CONTACT NAME      | PHONE NUMBER      |
|
| INTRA-AGENCY CONTACTSarah 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 DatePayment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** TRRC Regional Director DatePayment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** TRRC Grants Director DatePayment Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** TRRC Executive Director Date |       | **$**  |       |
|  TOTALAMOUNT  |       |       |       |
| I certify that the P. O. Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service beingPaid 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 | REVENUESOURCE | AMOUNT | PROJECT |
| FUND | DET | PROG | SUB | ELE | PROJECT | TK | PH |
|  | 851 |  | 09 |  |  | 745 | 01 |  |  |  |  |  |  |  |  |  |  |  |
| COSTCODE | FIPS | PSO | DRAWDOWN NUMBER | INVOICE | DUE DATE | REFERENCE DOC | ✓ |
| DATE | NUMBER | MM | DD | YY | NUMBER | SX |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DESCRIPTION | CURRENT DOCUMENT | SUBSIDIARYACCOUNT | MULTI-PURPOSE | 1099 |  CHECK IF CONTINUATION SHEET ATTACHED |
| REQUEST # | NUMBER | SX |  |  |  |
|  |  |  |  |  |