





Purchase Authorization Voucher

Participant Name: _			State ID:		
County: Beaufo	rt 🗆 Bertie 🗆	Hertford □ Martin □ Pitt			
Program: ISY Y	outh \square OSY Y	outh \square Adult \square DW			
Approved Training:	_	Fund Code:			
Vendor Name:		Date Is	Date Issued:		
		Annyovad Itams asky those ahadrad			
□ 2 uniform tops	\$	Approved Items <i>only those checked</i> □ 1 pen light		\$	
□ 2 uniform pants	\$	☐ 1 pair of scissors		\$	
□ 1 lab coat	\$	□ 1 blood pressure cuff		\$	
□ embroidery	\$	□ Other:		\$	
□ 1 pair of shoes	\$	□ Other:		\$	
□ 1 watch	\$	□ Other:		\$	
		Written Amount: d and issued by: Staff Printed Name			
Staff Signature:			Date:		
Supervisor Signature:			Date:		
Redemption of Voucher Voucher may not exceed dollar amount above, or items checked. Vouchers expire 30 days from the issue date. All vouchers must be submitted for payment within 45 days. An itemized invoice must be attached to the redeemed voucher.					
Redeemed Amount:	\$				
Vendor Signature: _			Date:		
Return redeemed vo	oucher and an ite	mized invoice to:	County NCWorks Ca	reer Center	