

ISRT INCOME VOUCHER

COMMITTEE OR OFFICE _____

VOUCHER SUBMITTED BY: _____

DATE: _____

Please include a description of income, payment source, payment type, & reference number (if applicable).			
	Name	Source of Income	Check # Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL AMOUNT SUBMITTED:			

Stamp all checks "FOR DEPOSIT ONLY" before mailing to the treasurer.

Send to ISRT Treasurer:

Lynn Howley, RT(R)(BD)
6210 W. 300 N.
Boggestown, IN 46110

TO BE COMPLETED BY THE ISRT TREASURER
Date received: _____
Date deposited: _____
Treasurer: _____
Comments: _____