

**Town of Pittsfield
Trustees of Trust Funds
Payment Voucher**

Requested by: _____

Issue check to: _____

Address: _____

Program/Proposal requesting funding: _____

Attach supporting documentation (invoices/receipts) with payment request, if applicable.

Please note - the Trustees will make payments directly to vendors for approved funding items, if a reimbursement payment is being requested, documents substantiating the expense must be submitted along with the request.

TTF payment processing ~	
Amount	_____
Check #	_____
Date	_____
Grant Year	_____
Trust Fund	_____
Capital Reserve Acct	_____