

Tax ID#/SSN#: _____

Name: _____

Address: _____

FY

Date	Description of Goods	Amount

Youth Name: _____

Phone Number: _____

ETV Program
 4415 Piedras Dr. W.
 San Antonio, TX 78228

For more information :
 Phone: 1-877-268-4063
 Fax: 210-208-5605
 Website: www.bcfs.net/etv

Approved By:

ETV Coordinator

Date

Program Director, Sr. Program Director, or Executive Director

Date

PURCHASE VOUCHER INSTRUCTIONS

How do I submit for Payment? (PLEASE READ CAREFULLY)

1. Enter Tax ID # (for Vendors) or Social Security # (for Individuals), if applicable.
2. Enter the complete name and address of the vendor or individual receiving the payment.
3. Enter the dates each request of payments, the description of goods and the amount.
For example: January 2010- May 2010, rent, \$500.00
4. Enter your name and contact phone number.

Please note: The cutoff date for monthly requests is the 3rd Friday of each month. Anything received after this date will be processed the following month.

You're done!

*Please remember that each time you request funds, a purchase voucher must be completely filled out for each request, and attached to the receipts or supporting documentation.