

**OPERATION THRESHOLD, INC.
TAXABLE EXPENSE VOUCHER**

Vendor Number _____

Employee Name _____

Dates _____ TO _____

FISCAL USE ONLY	
Voucher #	_____
Check #	_____
Date Paid	____ / ____ / ____
Initials	_____

TAXABLE MEAL EXPENSES:

DATE	DESCRIPTION (Include nature of travel involved)	AMOUNT

OTHER EXPENSES:

DATE	DESCRIPTION (Attach required verification)	AMOUNT

TOTAL DUE: \$_____ (amount added to taxable income)

DISTRIBUTION Program _____ Account _____ Amount \$ _____ Entered By _____
 Program _____ Account _____ Amount \$ _____ Entered By _____
 Program _____ Account _____ Amount \$ _____ Entered By _____

Total \$ _____

I declare under penalty of perjury that the above is for Operation Threshold use and I am authorized to incur this expense.

Signature of Traveler

Date

I hereby certify that the above is a just and true charge and approved for payment.

Program Head

Date