

City of Dixon
Check Request/Cash Disbursement Voucher

Please Issue A Check To The Following:

In The Amount Of:

\$ _____

Description:

GL Account #

Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Approved For Payment

Date of Request

Print/Type Name

Authorized Signature