



995 Worthington Street, Springfield, MA 01109
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**REQUISITION VOUCHER FORM FOR
ATM PURCHASE
LOAN TO PARTICIPANT**

BEFORE PURCHASE:

PARTICIPANT NAME: _____

PROGRAM NAME: _____

EMPLOYEE MAKING PURCHASE: _____

ESTIMATED AMOUNT OF PURCHASE: _____

SUPERVISOR APPROVAL: _____

EXEC. DIR./DIR. OF RES/SUPP SERV. APPROVAL: _____

AFTER PURCHASE:

DATE OF PURCHASE: _____

AMOUNT OF PURCHASE: _____

ACKNOWLEDGEMENT OF PARTICIPANT RECEIVING GROCERIES:

SIGNATURE

DATE

TAPE TRANSACTION RECEIPT AS WELL AS FOOD PURCHASES RECEIPT AND RETURN TO FISCAL.