



EASTERN WORKFORCE INVESTMENT BOARD

ATTN: Accounting Department
 721 South 32nd St. ♦ P.O. Box 2698 ♦ Muskogee, OK 74402
 Phone: 918 683-8553 ♦ Fax: 918 682-3258 ♦ www.easternwib.com



VOUCHER

DATE: _____	VOUCHER No.: _____
VENDOR NAME: _____	EIN No.: _____
CONTACT PERSON: _____	
VENDOR ADDRESS: _____	
VENDOR PHONE _____	FAX No.: _____

Any Refunds or Returns for Items of Non-Completion of services will be made to EWIB

Quantity	Item or Service Description	Cost per Item	Total
Subtotal			
TOTAL			

EWIB operates federally funded programs and is allowed tax exempt status.

For prompt payment, please send voucher, itemized invoice and receipt signed by the customer to the address listed above. The voucher number above must appear on all invoices, packing slips, packages and correspondence.

CUSTOMER NAME: _____	OSL ID: _____
Program (s) of Enrollment: Adult ___ DLW ___ OY/ OS ___ / IS ___ YY/ OS ___ YY/ IS ___ Other (list): _____	

_____ Customer Signature _____ Date

_____ Case Manager Signature _____ Date

To be completed by EWIB Staff ONLY:					
Funding:	Adult ___	DLW ___	OS Youth ___	IS Youth ___	Other (list): _____

NOT VALID WITHOUT DIGITAL SIGNATURE OF AUTHORIZED EWIB OFFICIAL