

VOUCHER
Knox County Mental Health Board

Application Number: 2018 – MHB – _____

Applicant's Name: _____

The KCMHB has reviewed the Application and any required reports of the Grantee and approved payment of \$_____. The Knox County Treasurer is directed to pay that amount to _____.

The motion to approve payment was made by _____ and seconded by _____ . The motion was approved by a vote of _____ to _____ with _____ members abstaining.

_____ Date: _____
Chairman of the Knox County Mental Health Board

_____ Date: _____
Secretary or designated County Board Member
of the Knox County Mental Health Board