

**TOWN OF MILLVILLE**  
**PAYROLL VOUCHER**

VOUCHER NUMBER:

\_\_\_\_\_  
(To be completed by Town Accountant)

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Warrant Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department/Position: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Department Budget: \_\_\_\_\_

Account Line Item: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

*If pulling from more than one line item:*

Department Budget: \_\_\_\_\_

Account Line Item: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_