

*The Town of Hampton
100 Winnacunnet Road
Hampton, NH 03842
603-926-6766*

Voucher

Received from: Trustees of Trust Funds, Hampton, New Hampshire

The Sum of: \$ _____

From Fund: Compensated Leave Trust Fund

Purpose: Distribution of Compensated Leave

Fiscal Year: _____ Distribution from: Income Principal

Date of Distribution: _____

Authority for Distribution: _____

Employee being compensated: _____

Recipient signature: _____

Printed name of Recipient: _____

Title of Recipient: _____

Organization/Agency: Town of Hampton