

COMPANIES

☐ CAPITAL CORP.

☒ MANAGEMENT CORPORATION

☐ INCORPORATED

DATE VOUCHER IS PREPARED
6-25-96

PHILIP MORRIS
VOUCHER

PMUSA

FOR ACCOUNTING USE ONLY

VOUCHER NUMBER

(OMIT IF NO SPECIFIC DATE REQUIRED)

DATE DUE:
ASAP

TIME:

PAYEE	ACCOUNTING CODE	\$
Senator Mark Proctor		
409 S. Kings Ave.	009-060-451-00146-0370	500.00
Brandon, FL 33511		
TOTAL		\$ 500.00
APPROVAL FOR PAYMENT	EXPLANATION FOR PAYMENT: (If more space required, see back page)	
<i>[Signature]</i>	Political	
Campaign Contribution		
COMPLETE THIS SECTION IF RETURNED CHECK IS REQUIRED		
RETURN TO: NAME	DEPARTMENT	BUILDING/FLOOR
J. Byerly	Government Affairs (14th Floor)	
Henry Turner/Louise Trotman		PHONE EXT.
REASON FOR REQUEST:		

ACCOUNTING USE ONLY

VENDOR# _____ COMPANY _____ (005-COMPANIES;009-MANAGEMENT,010-INCORPORATED)

VOUCHER TYPE ____ (1-Reg; 2-P.P.; 3-C.M.; 4-D.M.; 5-C.P.; 6-V.C.; 7-V.A.) VOUCHER/INVOICE DATE _____

BANK--> _____ DUE DATE--> _____ SEP CHK--> _____ 1099CD--> _____

1099 AMT--> _____

SEP HND--> _____ RTN--> _____ RT NAME--> _____

DISTR AP-->A PREPD/VOID--> _____
(CHECK DATE) (CHECK NBR)

CONTRACT--> _____ FREQUENCY _____

ALT PAYEE--> 01 000 _____

CASHIER	DATE
AUDIT	DATE
APPROVAL	DATE

LINE 001 CORP/ACCT 01 _____

- AMT/PCT--> _____ A ID/BRCD--> _____
DESC--> _____

LINE 002 CORP/ACCT 01 _____

- AMT/PCT--> _____ A ID/BRCD--> _____
DESC--> _____

LINE 003 CORP/ACCT 01 _____

- AMT/PCT--> _____ A ID/BRCD--> _____
DESC--> _____

LINE 004 CORP/ACCT 01 _____

- AMT/PCT--> _____ A ID/BRCD--> _____
DESC--> _____

LINE 005 CORP/ACCT 01 _____

- AMT/PCT--> _____ A ID/BRCD--> _____
DESC--> _____

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