

STATE OF TENNESSEE

Department of Health & Environment
Division _____
Unit _____ (Code) _____

VOUCHER FOR REIMBURSEMENT OF CONTINGENT EXPENSES

This contingent account for the period from _____, 19____, to _____, 19____, in the sum of \$_____ is true and correct in all respects and the expense has been incurred in the service of the State.

Position _____ Official Station _____

Approved _____ Date _____

Division Head

Type or Print Name & Complete Home Address

Signature of Claimant

Justification: