

Knox County Mental Health Board

VOUCHER

Application Number: 20__-MHB - _____

Applicant's Name: _____

The KCMHB has reviewed the Application and any required reports of the Applicant/Grantee and approved funding of \$_____.

The Knox County Treasurer is directed to make two (2) payments of \$_____ to the Applicant/Grantee from the KCMHB General Fund effective _____ and _____.

The payment was approved by a majority of the Knox County Mental Health board members present and voting on _____.

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

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