

LENNY'S SHOE & APPAREL

359 North Main Street
Barre, Vermont 05641
(802) 476-7446
Fax: (802) 476-9100

EMPLOYEE VOUCHER

Company Name & Address:

Authorized by:

Phone: _____

EMPLOYEE: _____

DATE: _____

The above employee of _____ (Co. name), is authorized to purchase the following merchandise: _____
if purchases go over the amount of _____, the employee is responsible of paying the balance at time of purchase.

Please complete the following section and attach the original of this form to your invoice. Photocopies will not be honored. This authorization is **VOID 15 days from the above date.**

BRAND: _____ STYLE: _____ SIZE: _____

SIGNED: _____
Lenny's Shoe & Apparel

SIGNED: _____
Employee signature

EMPLOYEE INSTRUCTIONS TO PAYROLL: (Do Not Pay Store)

Invoice amount (including tax when applicable) \$_____ less _____% or maximum allowance of _____ = balance due \$_____.

Please divide balance into _____ equal payments to be withheld from my weekly paycheck.