



Financial Freedom Voucher

Apply _____ Living Credits toward

(amount of living credits)

_____ held by:

(reason for payment, ex: car insurance)

Company Name: _____

Company Address: _____

Due date: _____

Today's Date: _____

Partner Signature: _____

Leadership Team Signature: _____

Attach a copy of bill or invoice and a copy of check to this paper. Attach a photo of this paper, bill, and check to Trello.