

## ACCOUNTS PAYABLE VOUCHER

(PRINT ON YELLOW PAPER)

Vendor, Reimburse Name, or Credit Card \_\_\_\_\_ Vendor # \_\_\_\_\_

PO#/PLR	DESCRIPTION of ITEM OR EVENT	FUNDING CODE	INVOICE # or STORE	AMOUNT

- ☐ **Claim Reimbursement**  
☐ **Invoice/Receipts Attached**  
☐ **Purchase Order Attached**

Teacher/Staff Name (if applicable) \_\_\_\_\_

**TOTAL AMOUNT**

\$

☐ **RECEIVED** - Authorization to Pay \_\_\_\_\_ (Principal/Supervisor)

☐ **OVER \$300** - District Approval \_\_\_\_\_ (Superintendent)

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