Vendor, Reimburse Name, or Credit Card ______ Vendor#_____

PO#/PLR	DESCRI	PTION of ITEM OR EVENT	FUNDING CODE	INVOICE # or STORE	AMOUNT
□ Claim Reimbursement Teacher/Staff Name (if applicable)				TOTAL AMOUNT	\$
	ceipts Attached Order Attached	☐ RECEIVED - Authorization to Pay		(Principal/Supervisor)	
- Purchase	Order Attached	□ OVER \$300 - District Approval		(Superintendent)	
	ACCOUNTS I	PAYABLE VOUCHER			(PRINT ON YELLOW PAPER)
Vendor, Reimburse Name, or Credit Card					!
					T
PO#/PLR	DESCRI	PTION of ITEM OR EVENT	FUNDING CODE	INVOICE # or STORE	AMOUNT
☐ Claim Reimbursement Teacher/Staff Name (if applicable)				TOTAL AMOUNT	\$
☐ Invoice/Receipts Attached		☐ RECEIVED - Authorization to Pay		(Principal/Supervisor)	
□ Purchase	Order Attached	□ OVER \$300 - District Approval		(Superintendent)	
	ACCOUNTS I	DAVARIE VOLICHER			
ACCOUNTS PAYABLE VOUCHER Vendor, Reimburse Name, or Credit Card				Vendor #	(PRINT ON YELLOW PAPER)
				vendor #	T
PO#/PLR	DESCRI	PTION of ITEM OR EVENT	FUNDING CODE	INVOICE # or STORE	AMOUNT
☐ Claim Reimbursement☐ Invoice/Receipts Attached		Teacher/Staff Name (if applicable)		TOTAL AMOUNT	\$
		☐ RECEIVED - Authorization to Pay		(Principal/Supervisor)	
☐ Purchase	Order Attached	□ OVER \$300 - District Approval			