

ACCOUNTS PAYABLE VOUCHER

(PRINT ON YELLOW PAPER)

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

CREDIT/PURCHASE CARD _____ (last 4 digits) CREDIT CARD TYPE - Keybank US Bank Sams Club

PO#/PLR	Close PO Y/N	DESCRIPTION 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)

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