



**Dulce
Independent
School District**

Voucher For Payment - FY 19

Date Submitted: _____

Payee (print): _____

Address	City	State	Zip

Date(s)	Description of Supplies and/or Services	Amount Due
Total Amount Due to Payee:		-

I certify that the service(s) were rendered as stated and that they were necessary and proper; that the amount(s) claimed are just and reasonable; and that no part thereof has been paid.

Payee's Signature: _____ **Payee's SSN:** _____
Last 4 Digits

Payment Approval Signatures

Business Manager: _____

Date: _____

Supervisor: _____

Date: _____

LINE ITEM: _____

AMOUNT: \$ _____ -