



Voucher For Payment

Date Submitted: _____

Payee (print): _____

Address	City	State	Zip

Date(s)	Description of 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: _____

Payment Approval Signatures

Supervisor: _____	Date: _____
Business Manager: _____	Date: _____
Superintendent: _____	Date: _____

LINE ITEM: _____	AMOUNT: _____
LINE ITEM: _____	AMOUNT: _____