



**Dulce
Independent
School District**

Voucher For Payment SY 18-19

Date Submitted: _____

Payee (print): _____

_____	_____	_____	_____
Address	City	State	Zip

Date(s)	Description of Services	Amount Due
Total Amount Due to Payee:		-

LINE ITEM:	13000.2700.513000.0000.054801.1622	AMOUNT:	\$	-
LINE ITEM:	11000.1000.513.9000.054_____.1622	AMOUNT:	\$	-

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: _____

Revised 08/30/18