

STUDENT EXPENSE VOUCHER

NAME: _____ ADDRESS _____

STATEMENT OF SERVICES RENDERED OR PURPOSE OF EXPENDITURES:

_____ Public Schools has agreed to pay for the following expenditures: All receipts and documentation requested must be supplied or processing of this voucher will be delayed.

LODGING: (attach your receipt) _____

REGISTRATION FEES: (attach your receipt) _____

TOLL ROADS: (attach your receipt) _____

PARKING: (attach your receipt) _____

MEALS: (attach your receipt) _____

OTHER: (attach your receipt) _____

Explain _____

TOTAL AMOUNT TO BE PAID

THIS IS TO CERTIFY THAT THE ABOVE EXPENDITURES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Claimant Signature Date

General Fund	Activity Fund Account
Approved	Meeting Required
Disapproved	
Principal/Athletic Director	Date

FOR CENTRAL OFFICE USE ONLY

Line Item	Fund	Year	Class	Account	Site	Approved	Meeting Required	Disapproved
						Final Approval (Supt. Only)		Date
						Vendor #	PO#	
						P.O. Date		