

DOUGLAS COUNTY SCHOOL DISTRICT RE-1

PAY VOUCHER

Date: _____

- Employee
 Other

PV # _____
Vendor # _____

Payee Name _____

School / Department: American Academy - Parker /PTO/

Soc. Sec. No./Fed. ID #: Do not fill in

Address: _____

City, ST Zip: _____

Phone: _____

Contact Person _____

<u>DESCRIPTION / INVOICE # / DATE</u>	<u>ACCOUNT CODE</u>										<u>AMOUNT TO BE PAID</u>
	FD	LOC	FC	PROG	OBJT	JOB	GRNT	YR	COST		
	77	- 958	- 35	- 3526	- 0610	- 000	- 0000	- 0	0057		

Due Date _____

Received complete and in good condition.

The supplies / services listed above are budgeted, appropriated, and necessary

Signature Date

Budget Holder Approval, Date
Douglas County School District Re-1

Authorized Purchasing Official, Date
Douglas County School District Re-1

White Copy – Accounts Payable Yellow Copy – Requesting School/Dept.