

UNION COUNTY PUBLIC SCHOOLS VOUCHER REQUEST

Vendor Name _____

Vendor Number _____

Address (if not on attached invoice)

Account Code: _____

Amount: \$ _____

Description:

Requested By/Special Handling Request: _____

Authorized By: _____

Principal/Administrator

Date

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET
& FISCAL CONTROL ACT

Finance Officer/Designee

Date

Please allow ten (10) days for check to be mailed.

Rules for Reimbursements

1. This form can be refused if the school's purchasing guidelines have been violated. Purchases should be made through vendors that accept purchase orders. **(Plan ahead using purchase orders!)**
2. Original invoice/receipt **MUST** be attached to this form along with copy of payment method:
Check Copy (front/back): Marked out routing/account #'s will be accepted.
Credit/Debit Card Statement: Marked out account # and balance will be accepted. All purchases that do not apply to this reimbursement can be marked out.
Cash: Receipt MUST show payment was made with cash.
3. Original invoice/receipt must show vendor name, address, telephone # and method of payment.
4. Reimbursement for expenses shall not exceed \$100 per day unless prior approval by administrator.
5. Reimbursement for expenses must be requested within 30 calendar days of purchase.
6. This form is **NOT** to be used for registrations or travel expense reimbursements.

Bookkeeping Use Only:

Check # _____

Ck Date _____

Amount \$ _____