ACCOUNTS PAYABLE VOUCHER

Burris Laboratory School
EXTRA-CURRICULAR ACCOUNT

Date _____

Purchased From _____

Address _____

Purchased For _____

An original itemized invoice, bill, or receipt must be attached to this ACCOUNTS PAYABLE VOUCHER. In addition, the itemized detail below must be completed.

To the Financial Coordinator:

The following expense is proposed, payable Account _____, Account # _____.

Quantity	Description	Unit	Price	Total
			Total This Order	

_____ _____
Signature of Authorized Requestor Date

BELOW FOR OFFICE USE ONLY

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

_____ _____
Signature of Financial Coordinator Date

Purchased Authorized by _____