



PAWTUCKET SCHOOL DEPARTMENT
2861 MAIN STREET
PAWTUCKET, RI 02860

VOUCHER PAYMENT REQUEST FORM

Requestor: _____ Date: _____

School/Department: _____

Check Payable to:

Name

Address

City, State, Zip

Explanation for voucher payment or reimbursement request

(all invoices, receipts, proof of payment must be attached in order to be approved for payment)

This form is primarily used for the reimbursement of approved travel and out of circumstance purchases. This form is not a substitution to utilizing the automated purchase order system in a timely manner.

AMOUNT

G/L Account Code

G/L Account Description

G/L Account Code

G/L Account Description

TOTAL

Dept/School Administrator Approval

_____ Date: _____

Asst. Superintendent Approval

_____ Date: _____

(Asst. Supt. signature needed for Building Administrators)

Superintendent Approval

_____ Date: _____

Business Office Approval

_____ Date: _____