



INVOICE  
AMOUNT

# OF  
LINES

0

FISCAL  
YEAR

VENDOR # / SSN

1099:

(ENTER Y IF  
1099 EARNINGS)

VENDOR NAME (PAYEE)

VENDOR NAME CONT'D (OPTIONAL)

STREET (MAILING) ADDRESS (Number & Street, Room or Apartment #)

City

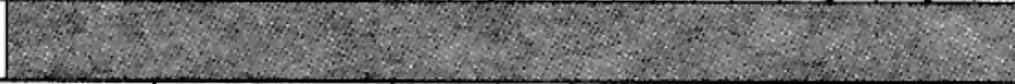
State

Zip Code

INVOICE REMARKS (Enter invoice # or enter name of conference & location)

INVOICE DATE

CHARGE  
TO  
DISTRICT



SFX	QUICK CODE	LOCATION	OBJECT	AMOUNT
1				
2				
3				

**SUPPORTING  
DOCUMENTATION  
MUST BE ATTACHED**

BRIEF DESCRIPTION OF ITEMS/SERVICES PURCHASED

REASON / JUSTIFICATION FOR PURCHASE

**RECEIPT OF GOODS/SERVICES**

I certify that the items indicated on the attached documentation were received in satisfactory condition and are to be used for educational/business purposes.

PRINT NAME OF RECEIVER OF GOODS/SERVICES

SIGNATURE OF RECEIVER OF GOODS/SERVICES

DATE

**FOR CENTRAL BUSINESS OFFICE USE ONLY**

AUDITED BY

CHECK #

DATE OF CHECK

Check  
picked-up by

Date

**FOR ON-LINE IMPREST FUND USERS ONLY**

TICKLER NUMBER  
(must be entered below)

**EXPENDITURE APPROVAL**

I approve the expenditure certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Board of Education. Funds have been made available to process this invoice/claim.

**INITIAL HERE IF THIS IS A REQUEST FOR AN EMERGENCY  
CHECK FROM THE CENTRAL BUSINESS OFFICE (CBO)**

I am requesting an emergency check in the amount indicated in the "Invoice Amount" box, for the purposes stated above. Preliminary documentation is attached. I understand that I must furnish all required documentation to the Central Business Office within 30 days of the date of purchase or return the full amount of check.

PRINT NAME OF APPROVING OFFICER

SIGNATURE OF APPROVING OFFICER

DATE

ENTERED BY

DATE

AUTHORIZED BY

DATE