



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT PAY VOUCHER REQUEST

Claim is hereby made for compensation as indicated hereon. Payment to be made in the name of:

PAYEE: _____ PHONE: _____

ADDRESS: _____ TIN or VENDOR # _____

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
TOTAL		

Budget code:

<i>Fund</i>	<i>Resource</i>	<i>Yr</i>	<i>Object</i>	<i>Goal</i>	<i>Function</i>	<i>Site</i>	<i>Disc</i>	<i>Disc2</i>

Reason Purchasing Guidelines were not followed:

Requisitioner's Acceptance of Claim: I hereby certify that the goods and/or services itemized hereon have been satisfactorily delivered or rendered to Paso Robles Joint Unified School District.

Requestor's Signature: _____ Date: _____

Budget Manager: _____ Date: _____
(Supervisor/Director)

Approved and Ordered Paid by CBO: _____ Date: _____