

**PAYMENT
VOUCHER**

NEW VENDOR

**NICASIO SCHOOL DISTRICT
Request for Reimbursement**

Attach original receipts to the back of this form and submit to Mikki or Leanne for processing.

Vendor Number: _____

Payee's Name: _____

Please provide a detailed description of the items for which you are requesting reimbursement:

Date	Vendor	Description	Amount

Total Reimbursement Requested: \$ _____

By signing below, the employee acknowledges that the expenditure(s) listed above are official and lawful school expenditures which have been paid out-of-pocket by the employee.

Payee's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

For Admin Use Only:
